|  | FO | R BHF | USE |  |  |
|--|----|-------|-----|--|--|
|  |    |       |     |  |  |
|  |    |       |     |  |  |
|  |    |       |     |  |  |

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#### 2005 STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY

THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

| I. | IDPH Facility ID Number: 0044024  |   |        |                   | II. CERT                                 | IFICATION BY AUTHORIZED FACILITY OFFICER   |
|----|---|---|--------|-------------------|--|--|
|    | Facility Name: SAINT CLARE HOME  Address: 5533 NORTH GALENA ROAD Number  County: Peoria | PEORIA HEIGHTS City                             |        | 61614<br>Zip Code | State o<br>and ce<br>are true<br>applica | ve examined the contents of the accompanying report to the fillinois, for the period from 10/01/04 to 09/30/05 rtify to the best of my knowledge and belief that the said contents e, accurate and complete statements in accordance with able instructions. Declaration of preparer (other than provider) |
|    | Telephone Number: (309 ) 682-5428 Fax HFS ID Number: 370813229001                       | #_()  |        |                   | Inte                                     | ed on all information of which preparer has any knowledge.  ntional misrepresentation or falsification of any information  cost report may be punishable by fine and/or imprisonment.  |
|    | Date of Initial License for Current Owners:  Type of Ownership:                         | 09/01/98  |        |                   | Officer or<br>Administrator              | (Signed)(Date) (Type or Print Name) Carolyn Conover  |
|    | xx VOLUNTARY,NON-PROFIT xx Charitable Corp.   | PROPRIETARY Individual                          | GOV    | ERNMENTAL         | of Provider                              | (Title) Administrator  |
|    | Trust IRS Exemption Code  | Partnership Corporation                         |        | County<br>Other   |  | (Signed)(Date)   |
|    |   | "Sub-S" Corp. Limited Liability Co. Trust Other |        |                   | Paid<br>Preparer                         | (Print Name and Title)  Craig L. Ater Senior V.P. & CFO  (Firm Name Heritage Enterprises   |
|    | In the event there are further questions about this rep<br>Name: <u>Craig Ater</u> Tele |   | 823-71 | 35                |  | & Address) (Telephone) ( ) Fax # ( )  MAIL TO: BÜREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, II. 62763-0001 Phone # (217) 782-1630  |

STATE OF ILLINOIS Page 2

| Faci | lity Name & ID Numb | oer SAINT CLA             | RE HOME               |                     |                 |    | # 0044024 Report Period Beginning: 10/01/04 Ending: 09/30/05               |
|------|---------------------|---------------------------|-----------------------|---------------------|-----------------|----|--|
|      | III. STATISTICA     | L DATA                    |                       |                     |                 |    | D. How many bed-hold days during this year were paid by the Department?    |
|      | A. Licensure/o      | certification level(s) of | f care; enter number  | of beds/bed days,   |                 |    | (Do not include bed-hold days in Section B.)                               |
|      | (must agree         | with license). Date of    | change in licensed b  | eds                 |                 |    |  |
|      |                     |                           |                       | _                   |                 |    | E. List all services provided by your facility for non-patients.           |
|      | 1                   | 2                         |                       | 3                   | 4               |    | (E.g., day care, "meals on wheels", outpatient therapy)                    |
|      |                     |                           |                       |                     |                 |    | none   |
|      | Beds at             |                           |                       |                     | Licensed        |    |  |
|      | Beginning of        | Licensu                   | re                    | Beds at End of      | Bed Days During |    | F. Does the facility maintain a daily midnight census?                     |
|      | Report Period       | Level of                  |                       | Report Period       | Report Period   |    | <u></u>  |
|      |                     |                           |                       | <b>F</b>            |                 |    | G. Do pages 3 & 4 include expenses for services or                         |
| 1    | 60                  | Skilled (SNI              | F)                    | 60                  | 21,900          | 1  | investments not directly related to patient care?                          |
| 2    |                     |                           | atric (SNF/PED)       |                     |                 | 2  | YES NO XX  |
| 3    | 34                  | Intermediat               | te (ICF)              | 34                  | 12,410          | 3  |  |
| 4    |                     | Intermediat               | e/DD                  |                     | ĺ               | 4  | H. Does the BALANCE SHEET (page 17) reflect any non-care assets?           |
| 5    | 4                   | Sheltered C               | are (SC)              | 4                   | 1,460           | 5  | YES NO xx  |
| 6    |                     | ICF/DD 16                 | or Less               |                     |                 | 6  | <del>_</del> _   |
|      |                     |                           |                       |                     |                 |    | I. On what date did you start providing long term care at this location?   |
| 7    | 98                  | TOTALS                    |                       | 98                  | 35,770          | 7  | Date started   |
|      |                     |                           |                       |                     |                 |    |  |
|      |                     |                           |                       |                     |                 |    | J. Was the facility purchased or leased after January 1, 1978?             |
| -    | B. Census-For       | r the entire report per   |                       |                     |                 |    | YES Date NO xx   |
|      | 1                   | 2                         | 3                     | 4                   | 5               |    |  |
|      | Level of Care       | •                         | by Level of Care and  | d Primary Source of | Payment         |    | K. Was the facility certified for Medicare during the reporting year?      |
|      |                     | Medicaid                  |                       |                     |                 |    | YES xx NO If YES, enter number   |
|      |                     | Recipient                 | Private Pay           | Other               | Total           | 1  | of beds certified and days of care provided 3,850                          |
| _    | SNF                 | 17,063                    | 11,600                | 3,850               | 32,513          | 8  |  |
| 9    | SNF/PED             |                           |                       | 0                   |                 | 9  | Medicare Intermediary Mutual of Omaha                                      |
| _    | ICF                 |                           |                       |                     |                 | 10 |  |
|      | ICF/DD              |                           | _                     |                     |                 | 11 | IV. ACCOUNTING BASIS   |
|      | SC                  | 0                         | 0                     | 0                   |                 | 12 | MODIFIED   |
| 13   | DD 16 OR LESS       |                           |                       |                     |                 | 13 | ACCRUAL XX CASH* CASH*   |
| 14   | TOTALS              | 17,063                    | 11,600                | 3,850               | 32,513          | 14 | Is your fiscal year identical to your tax year? YES NO                     |
|      | C. Percent Oc       | cupancy. (Column 5,       | line 14 divided by to | tal licensed        |                 |    | Tax Year: Fiscal Year:   |
|      |                     | n line 7, column 4.)      | 90.89%                | ciiocu              |                 |    | * All facilities other than governmental must report on the accrual basis. |
|      |                     |                           |                       | _                   |                 |    |  |

| CTAT | TOT | ILLINO | TC |
|------|-----|--------|----|
|      |     |        |    |

Page 3 09/30/05 Facility Name & ID Number SAINT CLARE HOME # 0044024 **Report Period Beginning:** 10/01/04 **Ending:** 

| Costs   Per Ceneral Ledger   Salary/Wage   Supplies   | _   | V. COST CENTER EXPENSES (through       |             |         |           | llar)     | <b>D</b> 1 | D 1 100 1    | 4 10 / T | 4 70 / 7  | EOD OHE | TIGE ONT T |    |
|--|-----|--|-------------|---------|-----------|-----------|------------|--------------|----------|-----------|---------|------------|----|
| 1   2   3   4   5   6   7   8   9   10   |     |  |             |         | 0         |           | Reclass-   | Reclassified | Adjust-  | Adjusted  | FOR OHE | USE ONLY   |    |
| 1   Dietary   249,797   21,110   279,907   279,907   279,907   276,907   1   276,907   1   2   2   500 Furchase   157,283    |     |  | Salary/Wage |         |           |           |            |              |          |           |         |            |    |
| 2   Food Purchase  |     |  | 1           | _       | 3         |           | 5          |              | 7        | 8         | 9       | 10         |    |
| 3   Housekeeping   104,827   12,264   117,091   117,091   117,091   13   4   Laundry   41,312   14,707   56,019   56,0 | 1   |  | 249,797     |         |           |           |            |              |          | 270,907   |         |            |    |
| 4   Laundy   | 2   |  |             |         |           |           |            |              |          |           |         |            |    |
| Section   Heat and Other Utilities   Heat and Other (specify):*   Section   Heat According to the Control of  | 3   | 1 &                                    |             |         |           |           |            |              |          | ,         |         |            | 3  |
| 6 Maintenance 66,946 42,92 29,330 138,568 138,568 138,568 6 6 7 Other (specify):*  8 TOTAL General Services 462,882 247,656 143,790 854,328 854,328 854,328 854,328 8 854,328 8 854,328 8 854,328 8 854,328 8 854,328 8 854,328 9 Medical Director 3,600 3,600 3,600 3,600 9 9 10 Nursing and Medical Records 1,331,239 123,393 143,805 1,598,947 1,598,947 1,598,947 10 10 Therapy 150,203 487,406 637,609 (186,046) 451,563 451,563 10 10 11 Activities 54,645 1,341 55,986 55,986 55,986 11 1 2 Social Services 24,949 486 864 26,299 26,299 26,299 12 12 13 CNA Training 19 14 Program Transportation 15 Other (specify):*  16 TOTAL Health Care and Programs 1,410,833 275,933 635,675 2,322,441 (186,046) 2,136,395 2,136,395 16 16 TOTAL Health Care and Programs 65,957 65,957 65,957 17 18 Directors Fee 19 Professional Services 226,647 250,647 250,647 (4,010) 246,637 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10  | 4   |  | 41,312      | 14,707  |           | ,         |            |              |          | ,         |         |            |    |
| TOTAL General Services   | 5   |  |             |         |           | ,         |            |              |          | ,         |         |            | 5  |
| 8 TOTAL General Services   | 6   |  | 66,946      | 42,292  | 29,330    | 138,568   |            | 138,568      |          | 138,568   |         |            |    |
| B. Health Care and Programs   3,600   3,600   3,600   3,600   3,600   9  | 7   | Other (specify):*                      |             |         |           |           |            |              |          |           |         |            | 7  |
| Medical Director   | 8   |  | 462,882     | 247,656 | 143,790   | 854,328   |            | 854,328      |          | 854,328   |         |            | 8  |
| 10   Nursing and Medical Records   |     |  |             |         |           |           |            |              |          |           |         |            |    |
| 10a   Therapy  | 9   |  |             |         |           |           |            |              |          | ,         |         |            |    |
| 11   Activities   54,645   1,341   55,986   55,986   55,986   11     12   Social Services   24,949   486   864   26,299   26,299   26,299   12     13   CNA Training   13   14     14   Program Transportation   14     15   Other (specify):*   15   15     16   TOTAL Health Care and Programs   1,410,833   275,933   635,675   2,322,441   (186,046)   2,136,395   2,136,395   15     16   TOTAL General Administration   16   17   17     18   Directors Fees   18   18     19   Program Transportation   250,647   250,647   250,647   (4,010)   246,637   19     20   Dues, Fees, Subscriptions & Promotions   111,574   111,574   (51,465)   60,109   (30,767)   29,342   20     21   Clerical & General Office Expenses   207,827   12,286   22,394   242,507   242,507   242,507   242,507   21     23   Inservice Training & Education   1,461   1,461   1,461   1,461   23     24   Travel and Seminar   10,914   10,914   10,914   10,914   10,914   10,914   26     27   Other (specify):*   40,084   40 | 10  | Nursing and Medical Records            | 1,331,239   |         |           |           |            |              |          |           |         |            | 10 |
| 12   Social Services   24,949   486   864   26,299   26,299   26,299   12   13   13   14   Program Transportation   14   15   Other (specify):*   15   16   TOTAL Health Care and Programs   1,410,833   275,933   635,675   2,322,441   (186,046)   2,136,395   2,136,395   16   C. General Administration   17   Administrative   65,957   65,957   65,957   65,957   17   18   Directors Fees   250,647   250,647   250,647   250,647   (4,010)   246,637   19   19   20   Dues, Fees, Subscriptions & Promotions   21   Clerical & General Office Expenses   207,827   12,286   22,394   242,507   2 | 10a |  |             |         | 487,406   |           | (186,046)  |              |          |           |         |            |    |
| 13   CNA Training  | 11  | Activities                             |             |         |           | 55,986    |            |              |          |           |         |            |    |
| 14   Program Transportation   14   15   Other (specify):*  | 12  | Social Services                        | 24,949      | 486     | 864       | 26,299    |            | 26,299       |          | 26,299    |         |            | 12 |
| 15   Other (specify):*   16   TOTAL Health Care and Programs   1,410,833   275,933   635,675   2,322,441   (186,046)   2,136,395   2,136,395   16  | 13  | CNA Training                           |             |         |           |           |            |              |          |           |         |            | 13 |
| TOTAL Health Care and Programs   | 14  | Program Transportation                 |             |         |           |           |            |              |          |           |         |            | 14 |
| C. General Administration   17   Administrative   65,957   65,957   65,957   65,957   17   18   Directors Fees   | 15  | Other (specify):*                      |             |         |           |           |            |              |          |           |         |            | 15 |
| 17   Administrative   65,957   65,957   65,957   65,957   17   18   Directors Fees   250,647   250,647   250,647   250,647   250,647   (4,010)   246,637   19   19   20   Dues, Fees, Subscriptions & Promotions   111,574   111,574   (51,465)   60,109   (30,767)   29,342   20   20   22   Employee Benefits & Payroll Taxes   635,562   635,562   635,562   635,562   22   23   Inservice Training & Education   1,461   1,461   1,461   1,461   23   24   Travel and Seminar   10,914   10,914   10,914   10,914   (8,915)   1,999   24   25   Other Admin. Staff Transportation   25   Other (specify):*   40,084   40 | 16  | TOTAL Health Care and Programs         | 1,410,833   | 275,933 | 635,675   | 2,322,441 | (186,046)  | 2,136,395    |          | 2,136,395 |         |            | 16 |
| 18   Directors Fees   250,647   250,647   250,647   250,647   19   |     | C. General Administration              |             |         |           |           |            |              |          |           |         |            |    |
| 19   Professional Services   250,647   250,647   250,647   (4,010)   246,637   19  | 17  | Administrative                         | 65,957      |         |           | 65,957    |            | 65,957       |          | 65,957    |         |            |    |
| 20         Dues, Fees, Subscriptions & Promotions         111,574         111,574         (51,465)         60,109         (30,767)         29,342         20           21         Clerical & General Office Expenses         207,827         12,286         22,394         242,507         242,507         242,507         21           22         Employee Benefits & Payroll Taxes         635,562         635,562         635,562         635,562         22           23         Inservice Training & Education         1,461         1,461         1,461         1,461         23           24         Travel and Seminar         10,914         10,914         10,914         (8,915)         1,999         24           25         Other Admin. Staff Transportation         25         25         25         25         25         25         26         1,164         43,164         43,164         43,164         43,164         26         27         27         27         27         27         27         27         27         27         27         27         27         27         28         1,15,800         1,401,870         (51,465)         1,350,405         (83,776)         1,266,629         28           TOTAL Operating Expense         273,78   | 18  | Directors Fees                         |             |         |           |           |            |              |          |           |         |            | 18 |
| 21         Clerical & General Office Expenses         207,827         12,286         22,394         242,507         242,507         242,507         21,286         22,394         242,507         242,507         242,507         21,286         22,394         242,507         242,507         242,507         242,507         22,507         242,507<  | 19  | Professional Services                  |             |         | 250,647   |           |            | 250,647      | (4,010)  | 246,637   |         |            | 19 |
| 22 Employee Benefits & Payroll Taxes       635,562       635,562       635,562       22         23 Inservice Training & Education       1,461       1,461       1,461       1,461       23         24 Travel and Seminar       10,914  | 20  | Dues, Fees, Subscriptions & Promotions |             |         | 111,574   | 111,574   | (51,465)   | 60,109       | (30,767) | 29,342    |         |            | 20 |
| 23         Inservice Training & Education         1,461         1,461         1,461         1,461         23           24         Travel and Seminar         10,914         10,914         10,914         (8,915)         1,999         24           25         Other Admin. Staff Transportation         25         25         25         25         26         25         26         25         26         27         27         28         26         26         26         27         27         28         26         26         26         26         26         26         26         26         26         26         27         27         27         28         27         28         26 <t< td=""><td>21</td><td>Clerical &amp; General Office Expenses</td><td>207,827</td><td>12,286</td><td>22,394</td><td>242,507</td><td></td><td>242,507</td><td></td><td>242,507</td><td></td><td></td><td>21</td></t<>  | 21  | Clerical & General Office Expenses     | 207,827     | 12,286  | 22,394    | 242,507   |            | 242,507      |          | 242,507   |         |            | 21 |
| 24         Travel and Seminar         10,914         10,914         10,914         (8,915)         1,999         24           25         Other Admin. Staff Transportation         25           26         Insurance-Prop.Liab.Malpractice         43,164         43,164         43,164         43,164         26           27         Other (specify):*         40,084         40,084         40,084         (40,084)         27           28         TOTAL General Administration         273,784         12,286         1,115,800         1,401,870         (51,465)         1,350,405         (83,776)         1,266,629         28           TOTAL Operating Expense         8         1,200,000         1,401,870         1,401,870         1,200,000<   | 22  | Employee Benefits & Payroll Taxes      |             |         | 635,562   | 635,562   |            | 635,562      |          | 635,562   |         |            | 22 |
| 25   Other Admin. Staff Transportation   25  | 23  | Inservice Training & Education         |             |         | 1,461     | 1,461     |            | 1,461        |          | 1,461     |         |            | 23 |
| 26         Insurance-Prop.Liab.Malpractice         43,164 <td>24</td> <td>Travel and Seminar</td> <td></td> <td></td> <td>10,914</td> <td>10,914</td> <td></td> <td>10,914</td> <td>(8,915)</td> <td>1,999</td> <td></td> <td></td> <td>24</td>   | 24  | Travel and Seminar                     |             |         | 10,914    | 10,914    |            | 10,914       | (8,915)  | 1,999     |         |            | 24 |
| 27         Other (specify):*         40,084         40,084         40,084         (40,084)         27           28         TOTAL General Administration         273,784         12,286         1,115,800         1,401,870         (51,465)         1,350,405         (83,776)         1,266,629         28           TOTAL Operating Expense         0  | 25  | Other Admin. Staff Transportation      |             |         |           |           |            |              |          |           |         |            | 25 |
| 28 TOTAL General Administration         273,784         12,286         1,115,800         1,401,870         (51,465)         1,350,405         (83,776)         1,266,629         28           TOTAL Operating Expense         28 <td>26</td> <td>Insurance-Prop.Liab.Malpractice</td> <td></td> <td></td> <td>43,164</td> <td>43,164</td> <td></td> <td>43,164</td> <td></td> <td>43,164</td> <td></td> <td></td> <td>26</td>  | 26  | Insurance-Prop.Liab.Malpractice        |             |         | 43,164    | 43,164    |            | 43,164       |          | 43,164    |         |            | 26 |
| TOTAL Operating Expense  | 27  | Other (specify):*                      |             |         | 40,084    | 40,084    |            | 40,084       | (40,084) | ·         |         |            | 27 |
|  | 28  | TOTAL General Administration           | 273,784     | 12,286  | 1,115,800 | 1,401,870 | (51,465)   | 1,350,405    | (83,776) | 1,266,629 |         |            | 28 |
|  | 29  |  | 2.147.499   | 535.875 | 1.895.265 | 4.578.639 | (237.511)  | 4.341.128    | (83.776) | 4.257.352 |         |            | 29 |

\*\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

#0044024

**Report Period Beginning:** 

Page 4 10/01/04 Ending: 09/30/05

# V. COST CENTER EXPENSES (continued)

|    |                                    |             | Cost Per Gener | al Ledger |           | Reclass-  | Reclassified | Adjust-  | Adjusted  | FOR OHF | USE ONLY |    |
|----|------------------------------------|-------------|----------------|-----------|-----------|-----------|--------------|----------|-----------|---------|----------|----|
|    | Capital Expense                    | Salary/Wage | Supplies       | Other     | Total     | ification | Total        | ments    | Total     |         |          |    |
|    | D. Ownership                       | 1           | 2              | 3         | 4         | 5         | 6            | 7        | 8         | 9       | 10       |    |
| 30 | Depreciation                       |             |                | 292,174   | 292,174   |           | 292,174      |          | 292,174   |         |          | 30 |
| 31 | Amortization of Pre-Op. & Org.     |             |                |           |           |           |              |          |           |         |          | 31 |
| 32 | Interest                           |             |                |           |           |           |              |          |           |         |          | 32 |
| 33 | Real Estate Taxes                  |             |                |           |           |           |              |          |           |         |          | 33 |
| 34 | Rent-Facility & Grounds            |             |                |           |           |           |              |          |           |         |          | 34 |
| 35 | Rent-Equipment & Vehicles          |             |                | 15,127    | 15,127    |           | 15,127       | (2,702)  | 12,425    |         |          | 35 |
| 36 | Other (specify):*                  |             |                |           |           |           |              |          |           |         |          | 36 |
| 37 | TOTAL Ownership                    |             |                | 307,301   | 307,301   |           | 307,301      | (2,702)  | 304,599   |         |          | 37 |
|    | Ancillary Expense                  |             |                |           |           |           |              |          |           |         |          |    |
|    | E. Special Cost Centers            |             |                |           |           |           |              |          |           |         |          |    |
| 38 | Medically Necessary Transportation |             |                |           |           |           |              |          |           |         |          | 38 |
| 39 | Ancillary Service Centers          |             |                |           |           | 186,046   | 186,046      |          | 186,046   |         |          | 39 |
| 40 | Barber and Beauty Shops            |             |                | 22,908    | 22,908    |           | 22,908       |          | 22,908    |         |          | 40 |
| 41 | Coffee and Gift Shops              |             |                |           |           |           |              |          |           |         |          | 41 |
| 42 | Provider Participation Fee         |             |                |           |           | 51,465    | 51,465       |          | 51,465    |         |          | 42 |
| 43 | Other (specify):*                  |             |                |           |           |           |              |          |           |         |          | 43 |
| 44 | TOTAL Special Cost Centers         |             |                | 22,908    | 22,908    | 237,511   | 260,419      |          | 260,419   |         |          | 44 |
|    | GRAND TOTAL COST                   |             |                |           |           |           |              |          |           |         |          |    |
| 45 | (sum of lines 29, 37 & 44)         | 2,147,499   | 535,875        | 2,225,474 | 4,908,848 |           | 4,908,848    | (86,478) | 4,822,370 |         |          | 45 |

<sup>\*</sup>Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

STATE OF ILLINOIS

Facility Name & ID Number SAINT CLARE HOME

**# 0044024 Report Period Beginning:** 

10/01/04

**Ending:** 

Page 5 09/30/05

VI. ADJUSTMENT DETAIL A. The exp

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

|    | NON-ALLOWABLE EXPENSES                       | Amount     | Refer-<br>ence | OHF USE<br>ONLY | lar cos |
|----|--|------------|----------------|-----------------|---------|
| 1  | Day Care                                     | \$         | CHCC           | \$              | 1       |
| 2  | Other Care for Outpatients                   |            |                | T               | 2       |
| 3  | Governmental Sponsored Special Programs      |            |                |                 | 3       |
| 4  | Non-Patient Meals                            |            |                |                 | 4       |
| 5  | Telephone, TV & Radio in Resident Rooms      | (2,702     | 35             |                 | 5       |
| 6  | Rented Facility Space                        | ( ) -      | 34             |                 | 6       |
| 7  | Sale of Supplies to Non-Patients             |            |                |                 | 7       |
| 8  | Laundry for Non-Patients                     |            |                |                 | 8       |
| 9  | Non-Straightline Depreciation                |            | 30             |                 | 9       |
| 10 | Interest and Other Investment Income         |            | 32             |                 | 10      |
| 11 | Discounts, Allowances, Rebates & Refunds     |            |                |                 | 11      |
| 12 | Non-Working Officer's or Owner's Salary      |            |                |                 | 12      |
| 13 | Sales Tax                                    |            | 2              |                 | 13      |
| 14 | Non-Care Related Interest                    |            | 32             |                 | 14      |
| 15 | Non-Care Related Owner's Transactions        |            | 33             |                 | 15      |
| 16 | Personal Expenses (Including Transportation) |            | 24             |                 | 16      |
| 17 | Non-Care Related Fees                        |            | 20             |                 | 17      |
| 18 | Fines and Penalties                          |            |                |                 | 18      |
| 19 | Entertainment                                | (8,915     | ) 24           |                 | 19      |
| 20 | Contributions                                | (100       | 27             |                 | 20      |
| 21 | Owner or Key-Man Insurance                   |            |                |                 | 21      |
| 22 | Special Legal Fees & Legal Retainers         | (4,010     | 19             |                 | 22      |
| 23 | Malpractice Insurance for Individuals        |            |                |                 | 23      |
| 24 | Bad Debt                                     | (39,984    | •              |                 | 24      |
| 25 | Fund Raising, Advertising and Promotional    | (30,767    | 20             |                 | 25      |
|    | Income Taxes and Illinois Personal           |            |                |                 |         |
| 26 | Property Replacement Tax                     |            |                |                 | 26      |
| 27 | CNA Training for Non-Employees               |            |                |                 | 27      |
| 28 | Yellow Page Advertising                      |            | 122            |                 | 28      |
| 29 | Other-Attach Schedule Real Estate Taxes      | φ (6: 4=0  | 33             | Φ.              | 29      |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)            | \$ (86,478 | )              | \$              | 30      |

|    | OHF USE ONL | Y  |    |    |    |  |
|----|-------------|----|----|----|----|--|
| 48 |             | 49 | 50 | 51 | 52 |  |

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

|    |                                      | 1           | 2         |    |
|----|--------------------------------------|-------------|-----------|----|
|    |                                      | Amount      | Reference |    |
| 31 | Non-Paid Workers-Attach Schedule*    | \$          |           | 31 |
| 32 | Donated Goods-Attach Schedule*       |             |           | 32 |
|    | Amortization of Organization &       |             |           |    |
| 33 | Pre-Operating Expense                |             |           | 33 |
|    | Adjustments for Related Organization |             |           |    |
| 34 | Costs (Schedule VII)                 |             |           | 34 |
| 35 | Other- Attach Schedule               |             |           | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35)   | \$          |           | 36 |
|    | (sum of SUBTOTALS                    |             |           |    |
| 37 | TOTAL ADJUSTMENTS (A) and (B) )      | \$ (86,478) |           | 37 |

<sup>\*</sup>These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

(See instructions.)

1 2 3

| (Se | e instructions.)                | 1   | 2  | 3      | 4         |    |
|-----|---------------------------------|-----|----|--------|-----------|----|
|     |                                 | Yes | No | Amount | Reference |    |
| 38  | Medically Necessary Transport.  |     |    | \$     |           | 38 |
| 39  |                                 |     |    |        |           | 39 |
| 40  | Gift and Coffee Shops           |     |    |        |           | 40 |
| 41  | Barber and Beauty Shops         |     |    |        |           | 41 |
| 42  | Laboratory and Radiology        |     |    |        |           | 42 |
| 43  | Prescription Drugs              |     |    |        |           | 43 |
| 44  | Exceptional Care Program        |     |    |        |           | 44 |
| 45  | Other-Attach Schedule           |     |    |        |           | 45 |
| 46  | Other-Attach Schedule           |     |    |        |           | 46 |
| 47  | TOTAL (C): (sum of lines 38-46) |     |    | \$     |           | 47 |

## STATE OF ILLINOIS

Page 5A

SAINT CLARE HOME

| ID# | 0044024 | Report Period Beginning: 10/01/04 | Ending: 09/30/05

Sch. V Line

| 11     12       13     0     2     13       14     32     14       15     0     33     15  |    | NON-ALLOWABLE EXPENSES |    | Amount   | Reference |    |
|--|----|------------------------|----|----------|-----------|----|
| 3       4       (2,702)       35       5         6       0       34       6         7       8       7       8         9       0       30       9         10       32       10         11       11       11       11         12       13       0       2       13         14       32       14       14       12       13       14       14       12       14       15       0       33       15       16       17       0       20       17       18 </td <td>1</td> <td></td> <td>\$</td> <td></td> <td></td> <td>1</td>   | 1  |                        | \$ |          |           | 1  |
| 4       5       (2,702)       35       5         6       0       34       6         7       7       7       8         9       0       30       9         10       32       10         11       11       11       11         12       12       12       12         13       0       2       13       14         15       0       33       15       16       24       16         17       0       20       17       18       19       24       19       19       24       19       19       24       19       20       17       18       19       24       19       20       17       18       19       24       19       20       17       20       21       22       17       20       21       22       22       24       19       21       22       22       23       23       23       23       23       23       23       23       23       23       24       24       24       25       26       25       26       25       26       25       26       25       26  |    |                        |    |          |           | 2  |
| 5         (2,702)         35         5           6         0         34         6           7         8         8         8         8         9         0         30         9           10         32         10         11                                     |    |                        |    |          |           | 3  |
| 6       0       34       6         7       8       0       30       9         10       32       10         11       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12<  |    |                        |    |          |           | 4  |
| 7       8         9       0       30       9         10       32       10         11       11       11       11         12       12       12       12         13       0       2       13         14       15       0       33       15         16       24       16         17       0       20       17         18       9       18       19         20       (100)       27       20         21       21       24       19         20       (100)       27       20         21       21       21       22         22       (4,010)       19       22         23       23       24       24       24         25       (30,767)       20       25         26       27       26       27         28       29       0       33       29         30       30       30         31       31       31       31         32       23       32       32         33       33       33   |    |                        |    |          |           | 5  |
| 8       9       0       30       9         10       32       10         111       11       12       12         13       0       2       13         14       32       14         15       0       33       15         16       24       16         17       0       20       17         18       18       18         19       24       19         20       (100)       27       20         21       21       21         22       (4,010)       19       22         23       33       23         24       (39,984)       27       24         25       (30,767)       20       25         26       26       26       26         27       28       28       28         29       0       33       29         30       30       30       30         31       31       31       31         32       33       33       33         33       34       34       34         34   | 6  |                        |    | 0        | 34        | 6  |
| 9  | 7  |                        |    |          |           | 7  |
| 10   | 8  |                        |    |          |           | 8  |
| 11   | 9  |                        |    | 0        | 30        | 9  |
| 12     0     2     13       14     32     14       15     0     33     15       16     24     16       17     0     20     17       18     18     18       19     24     19       20     (100)     27     20       21     21     21       22     (4,010)     19     22       23     23     23       24     (39,984)     27     24       25     (30,767)     20     25       26     27     28     28       29     0     33     29       30     30     30     30       31     31     31     31       32     32     32     33       33     33     33     33       34     34     34       35     35     35       36     36     37       33     38     38       39     39     39       40     40     40       41     41     42       43     43     44       44     44     44       45     46     46   | 10 |                        |    |          | 32        | 10 |
| 13   | 11 |                        |    |          |           | 11 |
| 14         32         14           15         0         33         15           16         24         16           17         0         20         17           18         18         18         18           19         24         19         24         19           20         (100)         27         20         21         22         22         22         22         23         23         23         23         23         24         24         24         24         24         25         26         25         26         26         26         26         26         26         27         24         25         26         27         24         25         26         27         20         25         26         27         26         27         28         28         28         29         28         28         29         30   | 12 |                        |    |          |           | 12 |
| 14         32         14           15         0         33         15           16         24         16           17         0         20         17           18         18         18         18           19         24         19         24         19           20         (100)         27         20         21         22         22         22         22         23         23         23         23         23         24         24         24         24         24         25         26         25         26         26         26         26         26         26         27         24         25         26         27         24         25         26         27         20         25         26         27         26         27         28         28         28         29         28         28         29         30   | 13 |                        |    | 0        | 2         | 13 |
| 16         24         16           17         0         20         17           18         24         19           20         (100)         27         20           21         21         21         21           22         (4,010)         19         22           23         23         23         23           24         (39,984)         27         24           25         (30,767)         20         25           26         26         26         26           27         27         28         28           29         0         33         29           30         30         30           31         31         31           32         32         32           33         33         33           34         34         34           35         35         35           36         37         37           38         38         38           39         39         39           40         44         44           42         42           43   |    |                        |    |          |           | 14 |
| 16         24         16           17         0         20         17           18         24         19           20         (100)         27         20           21         21         21         21           22         (4,010)         19         22           23         23         23         23           24         (39,984)         27         24           25         (30,767)         20         25           26         26         26         26           27         27         28         28           29         0         33         29           30         30         30           31         31         31           32         32         32           33         33         33           34         34         34           35         35         35           36         37         37           38         38         38           39         39         39           40         44         44           42         42           43   | 15 |                        |    | 0        | 33        | 15 |
| 17         18         18         18         19         24         19         24         19         20         21         21         21         21         22         21         22         23         23         23         23         23         23         23         24         27         24         27         24         27         24         27         24         26         27         26         27         28         28         28         28         28         28         29         30< |    |                        | -  |          |           | 16 |
| 18         19         24         19           20         (100)         27         20           21         (4,010)         19         22           23         23         23         23           24         (39,984)         27         24           25         (30,767)         20         25           26         27         28         28           29         0         33         29           30         30         30         30           31         31         31         31           32         32         33         33           33         33         33         34           35         35         35         35           36         36         36         36           37         37         37         37           38         38         38           39         39         39           40         40         40           41         42         42           43         43         43           44         44         44           44         44         44 <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td>   |    |                        |    | 0        |           |    |
| 19   |    |                        |    |          |           |    |
| 20         (100)         27         20           21         (4,010)         19         22           23         (39,984)         27         24           25         (30,767)         20         25           26         26         27         28         28           29         0         33         29           30         30         30         30           31         31         31         31           32         32         32         33           33         33         33         33           34         34         34         34           35         35         35         36           37         37         37         37           38         38         38           39         39         39           40         40         40           41         41         41           42         42         42           43         43         43           44         44         44           45         46         46  | _  |                        |    |          | 24        | -  |
| 21         (4,010)         19         22           23         (39,984)         27         24           25         (30,767)         20         25           26         27         28         27           28         0         33         29           30         30         30         30           31         31         31         31           32         32         32         33           33         33         33         33           34         34         34           35         35         35           36         36         36           37         37         37           38         38         38           39         39         39           40         40         40           41         41         41           42         42         42           43         43         43           44         44         44           45         46         46  |    |                        | _  | (100)    |           |    |
| 22     (4,010)     19     22       23     23       24     (39,984)     27     24       25     (30,767)     20     25       26     26     27     28       29     0     33     29       30     30     30       31     31     31       32     32     32       33     33     33       34     34     34       35     35     35       36     36     36       37     37     37       38     38     38       39     39     40       40     40     44       41     41     41       42     42     42       43     43     43       44     44     44       45     46     46  |    |                        | _  | (100)    |           | _  |
| 23         (39,984)         27         24           25         (30,767)         20         25           26         26         27         27           28         28         29         30         30           31         31         31         31           32         32         32         33           33         33         33         34           35         35         35         35           36         36         36         36           37         37         37         37           38         38         38           39         39         40         40           41         41         41         42           43         43         43         44           44         44         44         44           45         46         46         46  |    |                        | -  | (4.010)  | 19        |    |
| 24     (39,984)     27     24       25     (30,767)     20     25       26     27     28     28     28       29     0     33     29       30     30     30     30       31     31     32     32       33     33     33     33       34     34     34     34       35     35     35     36       37     37     37     37       38     38     38       39     39     39       40     40     40       41     41     41       42     42     42       43     43     43       44     44     44       45     46     46  |    |                        |    | (4,010)  | 17        |    |
| 25     (30,767)     20     25       26     26     26       27     28     28       29     0     33     29       30     30     30     30       31     31     31     31       32     32     32     33       33     33     33     33       35     35     35     36       37     37     37     37       38     38     38       39     39     39       40     40     40       41     41     41       42     42     42       43     43     43       44     44     44       45     46     46   |    |                        | -  | (39 984) | 27        | _  |
| 26     27       28     27       29     0     33     29       30     30     30       31     31     31       32     32     32       33     33     33       34     34     34       35     35     35       36     36     36       37     37     37       38     38     38       39     39     39       40     40     40       41     41     41       42     42     42       43     43     43       44     44     44       45     45     46   |    |                        | -  |          |           |    |
| 27         28         28         28         29         33         29         30         32         32         32         33         33         33         33         33         33         33         33         34         34         34         34         34         34         36         37         37         37         37         37         37         38         38         38         38         38         38         38         38         38         38         39         39         40         40         44< |    |                        |    | (50,707) | 20        | -  |
| 28         28           29         0         33         29           30         30         31         31           31         32         32         32           33         33         33         33           34         34         34         35           35         35         35         35           36         36         36         36           37         37         37         37           38         38         38           39         39         39           40         40         40           41         41         41           42         42         42           43         43         43           44         44         44           45         46         46   |    |                        | -  |          |           |    |
| 29         0         33         29           30         31         31         31           32         32         32         33           34         34         34         34           35         35         35         36           37         37         37         37           38         38         38           39         39         39           40         40         40           41         41         41           42         42         42           43         43         43           44         44         44           45         45         46   | _  |                        | -  |          |           | -  |
| 30     30       31     31       32     32       33     33       34     34       35     35       36     36       37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46  |    |                        | -  | 0        | 33        |    |
| 31     31       32     32       33     33       34     34       35     35       36     36       37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46  |    |                        | -  | Ü        |           |    |
| 32     32       33     33       34     34       35     35       36     36       37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46  |    |                        |    |          |           |    |
| 33     33       34     34       35     35       36     36       37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46  | _  |                        | _  |          |           |    |
| 34     34       35     35       36     36       37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46  | _  |                        |    |          |           |    |
| 35     35       36     36       37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46  | _  |                        |    |          |           |    |
| 36     36       37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46  |    |                        |    |          |           |    |
| 37     37       38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46  |    |                        |    |          |           |    |
| 38     38       39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46  |    |                        |    |          |           |    |
| 39     39       40     40       41     41       42     42       43     43       44     44       45     45       46     46  |    |                        |    |          |           |    |
| 40     40       41     41       42     42       43     43       44     44       45     45       46     46  |    |                        |    |          |           |    |
| 41     41       42     42       43     43       44     44       45     45       46     46  |    |                        |    |          |           |    |
| 42     42       43     43       44     44       45     45       46     46  |    |                        |    |          |           |    |
| 43     43       44     44       45     45       46     46  |    |                        |    |          |           |    |
| 44     44       45     45       46     46  | _  |                        |    |          |           |    |
| 45<br>46 45<br>46  |    |                        |    |          |           |    |
| 46 46  |    |                        |    |          |           |    |
|  | _  |                        |    |          |           |    |
| 47         47  |    |                        |    |          |           | _  |
|  | _  |                        |    |          |           |    |
|  |    |                        |    |          |           | 48 |
| 49   Total (77,563)   49   | 49 | Total                  |    | (77,563) |           | 49 |

|     | Facility Name & ID Number SAIN     |                  |                |        |      | #    | 0044024 | Report Perio | a Beginning: |      | 10/01/04 | Ending:   | 09/30/05       | _   |
|-----|------------------------------------|------------------|----------------|--------|------|------|---------|--------------|--------------|------|----------|-----------|----------------|-----|
|     | SUMMARY OF PAGES 5, 5A, 6, 6A      | A, 6B, 6C, 6D, 0 | 6E, 6F, 6G, 6H | AND 6I |      |      |         | 1            | 1            |      |          |           |                |     |
|     |                                    |                  |                |        |      |      |         |              |              |      |          | i         | SUMMARY        |     |
|     | Operating Expenses                 | PAGES            | PAGE           | PAGE   | PAGE | PAGE | PAGE    | PAGE         | PAGE         | PAGE | PAGE     | PAGE      | TOTALS         |     |
|     | A. General Services                | 5 & 5A           | 6              | 6A     | 6B   | 6C   | 6D      | 6E           | 6F           | 6G   | 6H       | <b>6I</b> | (to Sch V, col |     |
| 1   | Dietary                            | 0                | 0              | 0      | 0    | 0    | 0       |              | 0            | 0    | 0        | 0         | , ,            |     |
| 2   | Food Purchase                      | 0                | 0              | 0      | 0    | 0    | 0       |              | 0            | 0    | 0        | 0         | -              |     |
| 3   | Housekeeping                       | 0                | 0              | 0      | 0    | 0    | 0       |              | 0            | 0    | 0        | 0         | -              |     |
| 4   | Laundry                            | 0                | 0              | 0      | 0    | 0    | 0       |              | 0            | 0    | 0        | 0         | -              | 4   |
| 5   | Heat and Other Utilities           | 0                | 0              | 0      | 0    | 0    | 0       |              | 0            | 0    | 0        | 0         | -              | 5   |
| 6   | Maintenance                        | 0                | 0              | 0      | 0    | 0    | 0       |              | 0            | 0    | 0        | 0         | -              | 6   |
| 7   | Other (specify):*                  | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 7   |
| 8   | TOTAL General Services             | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 8   |
|     | B. Health Care and Programs        |                  |                |        |      |      |         |              |              |      |          |           |                |     |
| 9   | Medical Director                   | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 9   |
| 10  | Nursing and Medical Records        | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 10  |
| 10a | Therapy                            | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 10a |
| 11  | Activities                         | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 11  |
| 12  | Social Services                    | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 12  |
| 13  | CNA Training                       | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 13  |
| 14  | Program Transportation             | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 14  |
| 15  | Other (specify):*                  | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 15  |
| 16  | TOTAL Health Care and Programs     | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 16  |
|     | C. General Administration          |                  |                |        | -    |      |         |              |              |      |          |           |                |     |
| 17  | Administrative                     | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 17  |
| 18  | Directors Fees                     | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 18  |
| 19  | Professional Services              | (4,010)          | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | (4,010)        | 19  |
| 20  | Fees, Subscriptions & Promotions   | (30,767)         | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | (30,767)       | 20  |
| 21  | Clerical & General Office Expenses | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         |                | 21  |
| 22  | Employee Benefits & Payroll Taxes  | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 22  |
| 23  | Inservice Training & Education     | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              |     |
| 24  | Travel and Seminar                 | (8,915)          | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | (8,915)        | 24  |
| 25  | Other Admin. Staff Transportation  | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         |                | 25  |
| 26  | Insurance-Prop.Liab.Malpractice    | 0                | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | 0              | 26  |
| 27  | Other (specify):*                  | (40,084)         | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | (40,084)       | 27  |
| 28  | TOTAL General Administration       | (83,776)         | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | ` / /          | +   |
|     | TOTAL Operating Expense            | (00,770)         | •              | •      | · ·  | •    | •       | ľ            | <u> </u>     |      | · ·      |           | (02,770)       |     |
| 29  | (sum of lines 8,16 & 28)           | (83,776)         | 0              | 0      | 0    | 0    | 0       | 0            | 0            | 0    | 0        | 0         | (83,776)       | 20  |
| 47  | (Sum of files 0,10 & 20)           | (03,770)         | U              | U      | U    | U    | U       | U            | U            | U    | U        |           | (03,170)       | 49  |

Facility Name & ID Number SAINT CLARE HOME # 0044024 Report Period Beginning: 10/01/04 Ending: 09/30/05

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

|    | Capital Expense                    | PAGES    | PAGE | SUMMARY<br>TOTALS |     |
|----|------------------------------------|----------|------|------|------|------|------|------|------|------|------|------|-------------------|-----|
|    | D. Ownership                       | 5 & 5A   | 6    | 6A   | 6B   | 6C   | 6D   | 6E   | 6F   | 6G   | 6Н   | 6I   | (to Sch V, col.   | .7) |
| 30 | Depreciation                       | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 30  |
| 31 | Amortization of Pre-Op. & Org.     | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 31  |
| 32 | Interest                           | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 32  |
| 33 | Real Estate Taxes                  | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 33  |
| 34 | Rent-Facility & Grounds            | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 34  |
| 35 | Rent-Equipment & Vehicles          | (2,702)  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | (2,702)           | 35  |
| 36 | Other (specify):*                  | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 36  |
| 37 | TOTAL Ownership                    | (2,702)  | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | (2,702)           | 37  |
|    | Ancillary Expense                  |          |      |      |      |      |      |      |      |      |      |      |                   |     |
|    | E. Special Cost Centers            |          |      |      |      |      |      |      |      |      |      |      |                   |     |
| 38 | Medically Necessary Transportation | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 38  |
| 39 | Ancillary Service Centers          | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 39  |
| 40 | Barber and Beauty Shops            | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 40  |
| 41 | Coffee and Gift Shops              | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 41  |
| 42 | Provider Participation Fee         | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 42  |
| 43 | Other (specify):*                  | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 43  |
| 44 | TOTAL Special Cost Centers         | 0        | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0                 | 44  |
|    | GRAND TOTAL COST                   |          |      |      |      |      |      |      |      |      |      | •    |                   |     |
| 45 | (sum of lines 29, 37 & 44)         | (86,478) | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | (86,478)          | 45  |

## VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

| A. Linter below the harnes of AL | L Owners and rei | ateu organiza | d organizations (parties) as defined in the instructions. Attach an additional schedule if necessary. |       |  |                                 |  |      |   |                  |  |  |  |  |
|----------------------------------|------------------|---------------|---|-------|--|---------------------------------|--|------|---|------------------|--|--|--|--|
| 1                                |                  |               | 2   |       |  |                                 |  | 3    |   |                  |  |  |  |  |
| OWNERS                           |                  |               | RELATED NURSING HOME  | S     |  | OTHER RELATED BUSINESS ENTITIES |  |      |   |                  |  |  |  |  |
| Name                             | Ownership %      | Name          |   | City  |  | Name                            |  | City |   | Type of Business |  |  |  |  |
|                                  |                  |               |   |       |  |                                 |  |      |   |                  |  |  |  |  |
| OSF Health Systems               | 100              |               |   |       |  |                                 |  |      |   |                  |  |  |  |  |
|                                  |                  |               |   | 10000 |  |                                 |  |      |   |                  |  |  |  |  |
|                                  |                  |               |   |       |  |                                 |  |      |   |                  |  |  |  |  |
|                                  |                  |               |   | 10000 |  |                                 |  |      |   |                  |  |  |  |  |
|                                  |                  |               |   |       |  |                                 |  |      |   |                  |  |  |  |  |
|                                  |                  |               |   | 1000  |  |                                 |  |      | • |                  |  |  |  |  |

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

| XX | YES | NO |

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

|     | the instructions for determining costs as specified for this form. |      |                           |          |   |           |                |                      |    |
|-----|--|------|---------------------------|----------|---|-----------|----------------|----------------------|----|
|     | 1  | 2    | 3 Cost Per General Ledger | 4        | 5 Cost to Related Organization          | 6         | 7              | 8 Difference:        |    |
|     |  |      |                           |          |   | Percent   | Operating Cost | Adjustments for      |    |
| Sch | edule V  | Line | Item                      | Amount   | Name of Related Organization            | of        | of Related     | Related Organization |    |
| ~   |  |      |                           | 1        | - · · · · · · · · · · · · · · · · · · · | Ownership |                | Costs (7 minus 4)    |    |
| _   | 17   |      |                           | ¢        |   | Ownership | Φ Organization | e Costs (7 mmus 4)   | 1  |
| 1   | V  |      |                           | <b>3</b> |   |           | Э              | <b>3</b>             | 1  |
| 2   | V  | 10a  |                           |          |   |           |                |                      | 2  |
| 3   | V  |      |                           |          |   |           |                |                      | 3  |
| 4   | V  | 19   |                           |          |   | 100.00%   |                |                      | 4  |
| 5   | V  |      |                           |          |   |           |                |                      | 5  |
| 6   | V  | 10a  |                           |          |   |           |                |                      | 6  |
| 7   | V  |      |                           |          |   |           |                |                      | 7  |
| 8   | V  |      |                           |          |   |           |                |                      | 8  |
| 9   | V  |      |                           |          |   |           |                |                      | 9  |
| 10  | V  |      |                           |          |   |           |                |                      | 10 |
| 11  | V  |      |                           |          |   |           |                |                      | 11 |
| 12  | V  |      |                           |          |   |           |                |                      | 12 |
| 13  | V  |      |                           |          |   |           |                |                      | 13 |
| 14  | Total  |      |                           | \$       |   |           | \$             | \$ *                 | 14 |

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

|  | STATE OF ILLINOIS |  |
|--|-------------------|--|
|--|-------------------|--|

| STATE OF ILLINOIS           |   |  |         |                          |          |         |          |  |  |  |
|-----------------------------|---|--|---------|--------------------------|----------|---------|----------|--|--|--|
| Facility Name & ID Number   | SAINT CLARE HOME  | #  | 0044024 | Report Period Beginning: | 10/01/04 | Ending: | 09/30/05 |  |  |  |
| management fees, purchase o | report which are a result of transactions f supplies, and so forth. | with related organizations? This includes ren  YES NO  ons must be fully itemized in accordance with | ,       |                          |          |         |          |  |  |  |

the instructions for determining costs as specified for this form.

|     | the instructions for determining costs as specified for this form. |      |                           |        |                                |           |                |                      |          |
|-----|--|------|---------------------------|--------|--------------------------------|-----------|----------------|----------------------|----------|
|     | 1  | 2    | 3 Cost Per General Ledger | 4      | 5 Cost to Related Organization | 6         | 7              | 8 Difference:        |          |
|     |  |      |                           |        |                                | Percent   | Operating Cost | Adjustments for      |          |
| Sch | edule V  | Line | Item                      | Amount | Name of Related Organization   | of        | of Related     | Related Organization | 1        |
|     |  |      |                           |        |                                | Ownership | Organization   | Costs (7 minus 4)    |          |
| 15  | V  |      |                           | \$     |                                | ,         | \$             | \$                   | 15       |
| 16  | V  |      |                           |        |                                |           |                |                      | 16       |
| 17  | V  |      |                           |        |                                |           |                |                      | 17       |
| 18  | V  |      |                           |        |                                |           |                |                      | 18       |
| 19  | V  |      |                           |        |                                |           |                |                      | 19       |
| 20  | V  |      |                           |        |                                |           |                |                      | 20       |
| 21  | V  |      |                           |        |                                |           |                |                      | 21       |
| 22  | V  |      |                           |        |                                |           |                |                      | 22       |
| 23  | V  |      |                           |        |                                |           |                |                      | 23       |
| 24  | V  |      |                           |        |                                |           |                |                      | 24       |
| 25  | V  |      |                           |        |                                |           |                |                      | 25       |
| 26  | V  |      |                           |        |                                |           |                |                      | 26       |
| 27  | V  |      |                           |        |                                |           |                |                      | 27       |
| 28  | V  |      |                           |        |                                |           |                |                      | 28       |
| 29  | V  |      |                           |        |                                |           |                |                      | 29       |
| 30  | V  |      |                           |        |                                |           |                |                      | 30       |
| 31  | ,  |      |                           |        |                                |           |                |                      | 31       |
| 32  | V  |      |                           |        |                                |           |                |                      | 32       |
| 33  | V  |      |                           |        |                                |           |                |                      | 33       |
| 34  |  |      |                           |        |                                |           |                |                      | 34       |
| 35  | V  |      |                           |        |                                |           |                |                      | 35       |
| 36  | V  | 1    |                           |        |                                |           |                |                      | 36<br>37 |
| 38  | V  | 1    |                           |        |                                |           |                |                      |          |
| _   | •  |      |                           |        |                                |           |                |                      | 38       |
| 39  | Total  |      |                           | \$     |                                |           | \$ 0           | \$ *                 | 39       |

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

| STATE OF ILLIN | OIS |       |      |      |      | Page 6B |
|----------------|-----|-------|------|------|------|---------|
|                |     | <br>_ | <br> | <br> | <br> |         |

| Facility Name & ID Number   | SAINT CLARE HOME                               |  | #        | 0044024 | Report Period Beginning: | 10/01/04 | Ending: | 09/30/05 |  |
|---|--|--|----------|---------|--------------------------|----------|---------|----------|--|
| VII. RELATED PARTIES (conting) B. Are any costs included in this management fees, purchase of | s report which are a result of transactions wi | ith related organizations? This inclu YES NO | ıdes ren | ıt,     |                          |          |         |          |  |
| • /   | ult of transactions with related organizations | s must be fully itemized in accordan         | ce with  |         |                          |          |         |          |  |

|     | tne instru | ictions i | or determining costs as specified for | tnis iorm. |                                |           |                |                      |
|-----|------------|-----------|---------------------------------------|------------|--------------------------------|-----------|----------------|----------------------|
|     | 1          | 2         | 3 Cost Per General Ledger             | 4          | 5 Cost to Related Organization | 6         | 7              | 8 Difference:        |
|     |            |           |                                       |            |                                | Percent   | Operating Cost | Adjustments for      |
| Sch | edule V    | Line      | Item                                  | Amount     | Name of Related Organization   | of        | of Related     | Related Organization |
|     |            |           |                                       |            | _                              | Ownership | Organization   | Costs (7 minus 4)    |
| 15  | V          |           |                                       | \$         |                                | 100.00%   | \$             | \$ 15                |
| 16  | V          |           |                                       |            |                                |           |                | 16                   |
| 17  | V          |           |                                       |            |                                |           |                | 17                   |
| 18  | V          |           |                                       |            |                                |           |                | 18                   |
| 19  | V          |           |                                       |            |                                |           |                | 19                   |
| 20  | V          |           |                                       |            |                                |           |                | 20                   |
| 21  | V          |           |                                       |            |                                |           |                | 21                   |
| 22  | V          |           |                                       |            |                                |           |                | 22                   |
| 23  | V          |           |                                       |            |                                |           |                | 23                   |
| 24  | V          |           |                                       |            |                                |           |                | 24                   |
| 25  | V          |           |                                       |            |                                |           |                | 25                   |
| 26  | V          |           |                                       |            |                                |           |                | 26                   |
| 27  | V          |           |                                       |            |                                |           |                | 27                   |
| 28  | V          |           |                                       |            |                                |           |                | 28                   |
| 29  | V          |           |                                       |            |                                |           |                | 29                   |
| 30  | V          |           |                                       |            |                                |           |                | 30                   |
| 31  | V          |           |                                       |            |                                |           |                | 31                   |
| 32  | V          |           |                                       |            |                                |           |                | 32                   |
| 33  | V          |           |                                       |            |                                |           |                | 33                   |
| 34  | V          |           |                                       |            |                                |           |                | 34                   |
| 35  | V          |           |                                       |            |                                |           |                | 35                   |
| 36  | V          |           |                                       |            |                                |           |                | 36                   |
| 37  | V          |           |                                       |            |                                |           |                | 37                   |
| 38  | V          |           |                                       |            |                                |           |                | 38                   |
| 39  | Total      |           |                                       | \$         |                                |           | \$ 0           | \$ * 39              |

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS Page 7

Facility Name & ID Number SAINT CLARE HOME # 0044024 Report Period Beginning: 10/01/04 Ending: 09/30/05

#### VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

|    | 1    | 2     | 3        | 4         | 5              | 6                       |              | 7                  | ,           | 8           |    |
|----|------|-------|----------|-----------|----------------|-------------------------|--------------|--------------------|-------------|-------------|----|
|    |      |       |          |           |                | Average Hou             | ırs Per Work |                    |             |             |    |
|    |      |       |          |           | Compensation   |                         |              | Compensati         | on Included | Schedule V. |    |
|    |      |       |          |           | Received       | Facility and % of Total |              | in Costs for this  |             | Line &      |    |
|    |      |       |          | Ownership | From Other     | Work Week               |              | Reporting Period** |             | Column      |    |
|    | Name | Title | Function | Interest  | Nursing Homes* | Hours                   | Percent      | Description        | Amount      | Reference   |    |
| 1  |      |       |          |           |                |                         |              |                    | \$          |             | 1  |
| 2  |      |       |          |           |                |                         |              |                    |             |             | 2  |
| 3  |      |       |          |           |                |                         |              |                    |             |             | 3  |
| 4  |      |       |          |           |                |                         |              |                    |             |             | 4  |
| 5  |      |       |          |           |                |                         |              |                    |             |             | 5  |
| 6  |      |       |          |           |                |                         |              |                    |             |             | 6  |
| 7  |      |       |          |           |                |                         |              |                    |             |             | 7  |
| 8  |      |       |          |           |                |                         |              |                    |             |             | 8  |
| 9  |      |       |          |           |                |                         |              |                    |             |             | 9  |
| 10 |      |       |          |           |                |                         |              |                    |             |             | 10 |
| 11 |      |       |          |           |                |                         |              |                    |             |             | 11 |
| 12 |      |       |          |           |                |                         |              |                    |             |             | 12 |
| 13 |      |       |          |           |                |                         |              | TOTAL              | \$          |             | 13 |

<sup>\*</sup> If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

<sup>\*\*</sup> This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).

FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.

ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

| STATE OF ILLINOIS  | Page 8  |
|--------------------|---------|
| STATE OF IEEE TOIS | I age o |

| STATE OF ILLINOIS   |   |                          |   |             |     |              |      |                       |                  |                |           | 1 age o     |   |  |
|---|---|--------------------------|---|-------------|-----|--------------|------|-----------------------|------------------|----------------|-----------|-------------|---|--|
| <b>Facility Name</b>  | e & ID Number SA  | AINT CLARE HOME          |   |             | #   | 0044024 F    | Repo | rt Period Beginning   | g: 10/01/04      | <b>Ending:</b> | 09/30/05  |             |   |  |
|   | VIII. ALLOCATION OF INDIRECT COSTS  A. Are there any costs included in this report which were derived from allocations of central office  Name of Related Organization Street Address |                          |   |             |     |              |      |                       |                  |                |           |             |   |  |
| or parent organization costs? (See instructions.)  YES  NO  xx  City / State / Zip Code |   |                          |   |             |     |              |      |                       |                  |                |           |             |   |  |
| Phone Number (  |   |                          |   |             |     |              |      |                       |                  |                |           |             |   |  |
| B. Show the allocation of costs below. If necessary, please attach worksheets.          |   |                          |   |             |     |              |      |                       |                  |                |           |             |   |  |
| , ,   | T   |                          |   |             |     |              |      |                       |                  | ,              | 1         |             |   |  |
| 1   | 2   | 3                        |   | 4           |     | 5            |      | 6                     | 7                | 8              |           | 9           |   |  |
| Schedule V  |   | Unit of Allocation       |   |             | N   | lumber of    |      | <b>Total Indirect</b> | Amount of Salary |                |           |             |   |  |
| Line  |   | (i.e.,Days, Direct Cost, |   |             | Sul | bunits Being |      | Cost Being            | Cost Contained   | Facility       | Allo      | cation      |   |  |
| Reference   | Item  | Square Feet)             | , | Total Units |     | cated Among  |      | Allocated             | in Column 6      | Units          | (col.8/co | l.4)x col.6 |   |  |
|   |   |                          |   |             |     |              | \$   |                       | \$               |                | \$        |             | 1 |  |
|   |   |                          |   |             |     |              |      |                       |                  |                |           |             | 2 |  |
|   |   |                          |   |             |     |              |      |                       |                  |                |           |             | 3 |  |
|   |   |                          |   |             |     |              |      |                       |                  |                | •         | •           | 4 |  |

|          | Schedule V |      | Unit of Allocation       |   |             | Number of       |    | Total Indirect | Amount of Salary |          |                      |          |
|----------|------------|------|--------------------------|---|-------------|-----------------|----|----------------|------------------|----------|----------------------|----------|
|          | Line       |      | (i.e.,Days, Direct Cost, |   |             | Subunits Being  |    | Cost Being     | Cost Contained   | Facility | Allocation           |          |
|          | Reference  | Item | Square Feet)             | , | Total Units | Allocated Among |    | Allocated      | in Column 6      | Units    | (col.8/col.4)x col.6 |          |
| 1        |            |      | •                        |   |             |                 | \$ |                | \$               |          | \$                   | 1        |
| 2        |            |      |                          |   |             |                 |    |                |                  |          |                      | 2        |
| 3        |            |      |                          |   |             |                 |    |                |                  |          |                      | 3        |
| 4        |            |      |                          |   |             |                 |    |                |                  |          |                      | 4        |
| 5        |            |      |                          |   |             |                 |    |                |                  |          |                      | 5        |
| 6        |            |      |                          |   |             |                 |    |                |                  |          |                      | 6        |
| 7        |            |      |                          |   |             |                 |    |                |                  |          |                      | 7        |
| 8        |            |      |                          |   |             |                 |    |                |                  |          |                      | 8        |
| 9        |            |      |                          |   |             |                 |    |                |                  |          |                      | 9        |
| 10       |            |      |                          |   |             |                 |    |                |                  |          |                      | 10       |
| 11       |            |      |                          |   |             |                 |    |                |                  |          |                      | 11       |
| 12       |            |      |                          |   |             |                 |    |                |                  |          |                      | 12       |
| 13       |            |      |                          |   |             |                 |    |                |                  |          |                      | 13       |
| 14       |            |      |                          |   |             |                 |    |                |                  |          |                      | 14       |
| 15       |            |      |                          |   |             |                 |    |                |                  |          |                      | 15       |
| 16<br>17 |            |      |                          |   |             |                 |    |                |                  |          |                      | 16       |
| 18       |            |      |                          |   |             |                 |    |                |                  |          |                      | 17<br>18 |
| 19       |            |      |                          |   |             |                 |    |                |                  |          |                      | 19       |
| 20       |            |      |                          |   |             |                 |    |                |                  |          |                      | 20       |
| 21       |            |      |                          |   |             |                 |    |                |                  |          |                      | 21       |
| 22       |            |      |                          |   |             |                 |    |                |                  |          |                      | 22       |
| 23       |            |      |                          |   |             |                 |    |                |                  |          |                      | 23       |
| 24       |            |      |                          |   |             |                 |    |                |                  |          |                      | 24       |
| 25       | TOTALS     |      |                          |   |             |                 | ¢  |                | ¢                |          | \$                   | 25       |
| 43       | IUIALS     |      |                          |   |             |                 | Φ  |                | φ                |          | Ψ                    | 43       |

|    |                      |  |                          |             | STATE OF II     | LLINOIS   |                   |          | Page 8A              |    |
|----|----------------------|--|--------------------------|-------------|-----------------|---|-------------------|----------|----------------------|----|
|    | <b>Facility Name</b> | & ID Number SAINT CLA  | RE HOME                  |             | # 0044024       | Report Period Beginning:  | 10/01/04          | Ending:  | 09/30/05             |    |
|    | A. Are the or pare   | ATION OF INDIRECT COSTS re any costs included in this report nt organization costs? (See instru- | ctions.) YES             | NO          | al office       | Name of Rel<br>Street Addre<br>City / State /<br>Phone Numb<br>Fax Number | Zip Code<br>ber ( | )        |                      |    |
|    | 1                    | 2  | 3                        | 4           | 5               | 6   | 7                 | 8        | 9                    |    |
|    | Schedule V           |  | Unit of Allocation       |             | Number of       | Total Indirect  | Amount of Salary  |          |                      |    |
|    | Line                 |  | (i.e.,Days, Direct Cost, |             | Subunits Being  | Cost Being  | Cost Contained    | Facility | Allocation           |    |
|    | Reference            | Item   | Square Feet)             | Total Units | Allocated Among | Allocated   | in Column 6       | Units    | (col.8/col.4)x col.6 |    |
| 1  |                      |  |                          |             |                 | \$  | \$                |          | \$                   | 1  |
| 2  |                      |  |                          |             |                 |   |                   |          |                      | 2  |
| 3  |                      |  |                          |             |                 |   |                   |          |                      | 3  |
| 4  |                      |  |                          |             |                 |   |                   |          |                      | 4  |
| 6  |                      |  |                          |             |                 |   |                   |          |                      | 5  |
| 7  |                      |  |                          |             |                 |   |                   |          |                      | 7  |
| 8  |                      |  |                          |             |                 |   |                   |          |                      | 8  |
| 9  |                      |  |                          |             |                 |   |                   |          |                      | 9  |
| 10 |                      |  |                          |             |                 |   |                   |          |                      | 10 |
| 11 |                      |  |                          |             |                 |   |                   |          |                      | 11 |
| 12 |                      | ·  |                          |             |                 |   |                   |          |                      | 12 |
| 13 |                      |  | 1                        |             | 1               |   |                   | I        |                      | 13 |

| •         | 1 |  |    |    | v        |
|-----------|---|--|----|----|----------|
| 7         |   |  |    |    | 7        |
| 8         |   |  |    |    | 8        |
| 9         |   |  |    |    | 9        |
| 10        |   |  |    |    | 10       |
| 11        |   |  |    |    | 11       |
| 12        |   |  |    |    | 12       |
| 13        |   |  |    |    | 13       |
| 14        |   |  |    |    | 14       |
| 15        |   |  |    |    | 15       |
| 16        |   |  |    |    | 16       |
| 17        |   |  |    |    | 17       |
| 18        |   |  |    |    | 18       |
| 19        |   |  |    |    | 19       |
| 20        |   |  |    |    | 20       |
| 21        |   |  |    |    | 21       |
| 22        |   |  |    |    | 22       |
| 23        |   |  |    |    | 23       |
| 24        |   |  |    |    | 24       |
| 25 TOTALS |   |  | \$ | \$ | \$<br>25 |

|      |                              |   |                 |                  | STATE OF      | FILLINOIS     |             |          |            | Page 9    |     |
|------|------------------------------|---|-----------------|------------------|---------------|---------------|-------------|----------|------------|-----------|-----|
| Faci | lity Name & ID Number        | SAINT CL  | ARE HOME        | #                | # 0044024     | Report Period | Beginning:  | 10/01/04 | Ending:    | 09/30/05  |     |
|      |                              | NTEREST EXPENSE AND REAL ESTATE TAX EXPENSE<br>. Interest: (Complete details must be provided for each loan - attach a se |                 | eparate schedule | if necessary. | .)            |             |          |            |           |     |
|      | 1                            | 2   | 3               | 4                | 5             | 6             | 7           | 8        | 9          | 10        |     |
|      |                              |   |                 |                  |               |               |             |          |            | Reporting |     |
|      |                              |   |                 | Monthly          |               |               |             | Maturity | Interest   | Period    |     |
|      | Name of Lender               | Related**   | Purpose of Loan | Payment          | Date of       | Amo           | unt of Note | Date     | Rate       | Interest  |     |
|      |                              | YES NO  |                 | Required         | Note          | Original      | Balance     |          | (4 Digits) | Expense   |     |
|      | A. Directly Facility Related |   |                 |                  |               |               |             |          |            |           |     |
|      | Long-Term                    |   |                 |                  |               |               |             |          |            |           |     |
| 1    |                              |   |                 |                  |               | \$            | \$          |          |            | \$        | 1   |
| 2    |                              |   |                 |                  |               |               |             |          |            |           | 2   |
| 3    |                              |   |                 |                  |               |               |             |          |            |           | 3   |
| 4    |                              |   |                 |                  |               |               |             |          |            |           | 4   |
| 5    |                              |   |                 |                  |               |               |             |          |            |           | 5   |
|      | Working Capital              |   |                 |                  |               |               |             |          |            |           |     |
| 6    |                              |   |                 |                  |               |               |             |          |            |           | 6   |
| 7    |                              |   |                 |                  |               |               |             |          |            |           | 7   |
| 8    |                              |   |                 |                  |               |               |             |          |            |           | 8   |
| 9    | TOTAL Facility Related       |   |                 |                  |               | \$            | \$          |          |            | \$        | 9   |
|      | B. Non-Facility Related*     |   |                 |                  |               |               |             |          |            |           |     |
|      | Interest Income              |   |                 |                  |               |               |             |          |            |           | 10  |
| 11   |                              | 1   |                 | 1                | 1             |               |             |          |            |           | 111 |

12 13

14

15

| <b>16</b> ) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. | \$ | Line # |
|--|----|--------|
|--|----|--------|

12

13

14 TOTAL Non-Facility Related

15 TOTALS (line 9+line14)

<sup>\*</sup> Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

<sup>\*\*</sup> If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

STATE OF ILLINOIS Page 10
# 0044024 Report Period Beginning: 10/01/04 Ending: 09/30/05

Facility Name & ID Number SAINT CLARE HOME

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

| B. Real Estate Taxes   |  |                        |                             |              |    |
|--|--|------------------------|-----------------------------|--------------|----|
| 1 D 15 T 1 2004  | <i>Important</i> , please see the next worksheet, "I bill must accompany the cost report.          | RE_Tax". The real      | estate tax statement and    |              |    |
| 1. Real Estate Tax accrual used on 2004 report.  | biii must accompany the cost report.   |                        |                             | \$           | 1  |
| 2. Real Estate Taxes paid during the year: (Indicate the t   | x year to which this payment applies. If payment covers  | more than one year, de | tail below.)                | \$           | 2  |
| 3. Under or (over) accrual (line 2 minus line 1).  |  |                        |                             | \$           | 3  |
| 4. Real Estate Tax accrual used for 2005 report. (Detail   | and explain your calculation of this accrual on the lines b  | pelow.)                |                             | \$           | 4  |
| 5. Direct costs of an appeal of tax assessments which has (Describe appeal cost below. Attach copies                                     | NOT been included in professional fees or other genera s of invoices to support the cost and a cop |                        |                             | \$           | 5  |
| 6. Subtract a refund of real estate taxes. You must offset classified as a real estate tax cost plus one-half of any TOTAL REFUND \$ For |  | estate tax appeal      | board's decision.)          | \$           | 6  |
| 7. Real Estate Tax expense reported on Schedule V, line  | 33. This should be a combination of lines 3 thru 6.  |                        |                             | \$           | 7  |
| Real Estate Tax History:   |  |                        |                             |              |    |
| Real Estate Tax Bill for Calendar Year: 2000   | 8  |                        | FOR OHF USE ONLY            |              |    |
| 2001<br>2002   | 9 10   | 13                     | FROM R. E. TAX STATEMENT FO | R 2004 \$    | 13 |
| 2003<br>2004   | 11 12  | 14                     | PLUS APPEAL COST FROM LINE  | 5 \$         | 14 |
|  |  | 15                     | LESS REFUND FROM LINE 6     | \$           | 15 |
|  |  | 16                     | AMOUNT TO USE FOR RATE CAL  | _CULATION \$ | 16 |

NOTES:

- 1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
- If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

#### IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

## 2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

| FAC  | ILITY NAME  | SAINT CLARE HO                                     | ME  |                                       | COUNTY   | Peoria  |
|--|---|--|---|---------------------------------------|--|---|
| FAC  | ILITY IDPH LICI                                     | ENSE NUMBER 00                                     | 044024  |                                       |  |   |
| CON  | TACT PERSON I                                       | REGARDING THIS R                                   | EPORT   |                                       |  |   |
| TEL  | EPHONE (  | )  | ·   | FAX #: (                              | )  |   |
| A.   | · ·   | al Estate Tax Cost                                 |   |                                       |  |   |
|  | Enter the tax indicost that applies home property w | ex number and real esta<br>to the operation of the | nursing home in Colu<br>o other organizations | ımn D. Real esta<br>, or used for pur | te tax applicable to<br>poses other than lon     | nter only the portion of the<br>any portion of the nursing<br>g term care must not be |
|  | (A  | )  | <b>(B)</b>                                    |                                       | (C)  | ( <b>D</b> )  |
| 1.<br>2.<br>3.<br>4.<br>5.<br>6.<br>7.<br>8.<br>9. |   |  | Property Descri                               |                                       | Total Tax  S  S  S  S  S  S  S  S  S  S  S  S  S | sss   |
|  |   |  |   | TOTALS                                | \$   | <u> </u>  |
| B.   | Real Estate Tax                                     | Cost Allocations                                   |   |                                       |  |   |
|  | used for nursing  If YES, attach an                 | home services? xx                                  | YES ule which shows the                       | NO calculation of th                  | e cost allocated to t                            |   |
|  | (Generally the re                                   | al estate tax cost must l                          | be allocated to the nu                        | rsing home base                       | d upon sq. ft. of spa                            | ice used.)  |
| C.   | Tax Bills   |  |   |                                       |  |   |

 $Attach\ a\ copy\ of\ the\ original\ 2004\ tax\ bills\ which\ were\ listed\ in\ Section\ A\ to\ this\ statement.\ Be\ sure\ to\ use\ the\ 2004$ 

tax bill which is normally paid during 2005.

Page 10A

|                                  | STATE O | F ILLINOI | S                        |          |                |
|----------------------------------|---------|-----------|--------------------------|----------|----------------|
| ame & ID Number SAINT CLARE HOME | #       | 0044024   | Report Period Beginning: | 10/01/04 | <b>Ending:</b> |
| ING AND GENERAL INFORMATION:     |         |           |                          |          |                |
|                                  |         |           |                          |          |                |

|       | ity Name & ID Number SAINT<br>JILDING AND GENERAL INF                 |   |                          | STATE OF ILLINOIS<br># 0044024                     | Report Period Beginning:    | 10/01/04 Ending:  | Page 11<br>09/30/05 |
|-------|---|---|--------------------------|--|-----------------------------|---|---------------------|
| A.    | Square Feet:  | 26,500 B. General Construction Type:  | Exterior                 | Brick/Wood   | Frame Wood                  | Number of Stories                                       | 1                   |
| c.    | Does the Operating Entity?  (Facilities checking (a) or (b) n         | xx (a) Own the Facility nust complete Schedule XI. Those checking (c)   |                          | a Related Organization<br>ale XI or Schedule XII-A |                             | (c) Rent from Completely Unre<br>Organization.          | lated               |
| D.    | Does the Operating Entity?  (Facilities checking (a) or (b) n         | xx (a) Own the Equipment nust complete Schedule XI-C. Those checking  |                          | oment from a Related O                             |                             | (c) Rent equipment from Comp<br>Unrelated Organization. | letely              |
| Е.    | (such as, but not limited to, ap-                                     | owned by this operating entity or related to the<br>artments, assisted living facilities, day training<br>ess, square footage, and number of beds/units | facilities, day care, in | dependent living facilitie                         |                             |   |                     |
|       |   |   |                          |  |                             |   |                     |
|       |   |   |                          |  |                             |   |                     |
|       |   |   |                          |  |                             |   |                     |
| F.    | Does this cost report reflect an<br>If so, please complete the follow | y organization or pre-operating costs which ar<br>wing:   | re being amortized?      |  | YES                         | xx NO   |                     |
| 1.    | <b>Total Amount Incurred:</b>   |   |                          | _2. Number of Years O                              | ver Which it is Being Amort | tized:  |                     |
| 3.    | <b>Current Period Amortization:</b>                                   |   |                          | _4. Dates Incurred:                                |                             |   |                     |
|       |   | Nature of Costs:<br>(Attach a complete schedule deta  | iling the total amount   | of organization and pre                            | -operating costs.)          |   |                     |
| XI. O | WNERSHIP COSTS:   |   |                          |  |                             |   |                     |
|       | A TamJ  | 1   | 2<br>Same Foot           | 3  | 4<br>Cost                   |   |                     |
|       | A. Land.  | Use 1   | Square Feet              | Year Acquired                                      | \$ 224,000                  | 1   |                     |
|       |   | 2<br>3 TOTALS   |                          |  | \$ 224,000                  | 2   |                     |

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Facility Name & ID Number SAINT CLARE HOME # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0044024 Report Period Beginning: 10/01/04 Ending:

|    | D. Dullull     | ng Depreciation-Including Fixed Eq | uipinent. (See iist | 3           | u an numbers to near | est dollar.    | -         | 7             | 1 8          | 9              |    |
|----|----------------|------------------------------------|---------------------|-------------|----------------------|----------------|-----------|---------------|--------------|----------------|----|
|    | 1              | FOR BHF USE ONLY                   | Year                | Year        | 4                    | Current Book   | 6<br>Life | Straight Line | 0            | Accumulated    |    |
|    | Beds*          | FOR BIT USE ONL!                   | Acquired            | Constructed | Cost                 | Depreciation   | in Years  | Depreciation  | Adjustments  | Depreciation   |    |
| 4  | 98             |                                    | Acquireu            | Constructed | \$ 2,682,500         | ¢ Depreciation | III Tears | ¢             | Aujustinents | e Depreciation | 4  |
|    | 70             |                                    |                     |             | \$ 2,002,300         | Ф              |           | Φ             | Ф            | <b>3</b>       |    |
| 5  |                |                                    |                     |             |                      |                |           |               |              |                | 5  |
| 6  |                |                                    |                     |             |                      |                |           |               |              |                | 6  |
| 7  |                |                                    |                     |             |                      |                |           |               |              |                | 7  |
| 8  |                |                                    |                     |             |                      |                |           |               |              |                | 8  |
|    |                | vement Type**                      |                     |             |                      |                |           |               |              |                |    |
|    | Smoke Detector |                                    |                     | 1999        | 1,932                |                |           |               |              |                | 9  |
|    | Call Light Sys |                                    |                     | 1999        | 16,785               |                |           |               |              |                | 10 |
|    | Sewage Ejecto  |                                    |                     | 1999        | 3,800                |                |           |               |              |                | 11 |
|    | Door Alarm S   |                                    |                     | 1999        | 1,275                |                |           |               |              |                | 12 |
|    | Chapel Renov   | ation                              |                     | 1999        | 1,760                |                |           |               |              |                | 13 |
| 14 |                |                                    |                     |             |                      |                |           |               |              |                | 14 |
|    |                | intRemodel Hallways                |                     | 2000        | 45,058               |                |           |               |              |                | 15 |
|    |                | ımpRooftop A/C                     |                     | 2000        | 8,790                |                |           |               |              |                | 16 |
|    | Corridor Reno  |                                    |                     | 2000        | 19,472               |                |           |               |              |                | 17 |
|    | Cubicle Curta  |                                    |                     | 2000        | 4,020                |                |           |               |              |                | 18 |
|    | Flooring Ha    |                                    |                     | 2000        | 45,048               |                |           |               |              |                | 19 |
|    | Rooftop A/C U  |                                    |                     | 2000        | 328,932              |                |           |               |              |                | 20 |
|    | Window Treat   | tments                             |                     | 2000        | 7,221                |                |           |               |              |                | 21 |
|    | Sign           |                                    |                     | 2000        | 720                  |                |           |               |              |                | 22 |
|    | Chapel Renov   |                                    |                     | 2000        | 32,210               |                |           |               |              |                | 23 |
|    | Smoke Detector | ors                                |                     | 2000        | 3,300                |                |           |               |              |                | 24 |
| 25 |                |                                    |                     |             |                      |                |           |               |              |                | 25 |
|    |                | intRemodel Hallways                |                     | 2001        | 8,820                |                |           |               |              |                | 26 |
|    | Door Alarm     |                                    |                     | 2001        | 12,678               |                |           |               |              |                | 27 |
| 28 | Auto Door Op   | ener                               |                     | 2001        | 1,919                |                |           |               |              |                | 28 |
| 29 | Vinyl Floor Co | overings North and West Wing Roon  | 1S                  | 2001        | 73,863               |                |           |               |              |                | 29 |
|    |                | overings North and West Wing Roon  | ısLabor             | 2001        | 3,750                |                |           |               |              |                | 30 |
|    | Rooftop A/C U  |                                    |                     | 2001        | 88,341               |                |           |               |              |                | 31 |
|    | Flooring Ha    | llways                             |                     | 2001        | 3,418                |                |           |               |              |                | 32 |
| 33 |                |                                    |                     |             |                      |                |           |               |              |                | 33 |
| 34 |                |                                    |                     |             |                      |                |           |               |              |                | 34 |
|    | Book Deprecia  | ation                              |                     |             |                      | 241,984        |           | 241,984       |              | 1,463,356      | 35 |
| 36 |                | ·                                  |                     |             | ·                    |                |           |               |              |                | 36 |

See Page 12A, Line 70 for total

\*Total beds on this schedule must agree with page 2.
\*\*Improvement type must be detailed in order for the cost report to be considered complete.

# 0044024 Report Period Beginning: Page 12A 09/30/05

10/01/04 Ending:

Facility Name & ID Number SAINT CLARE HOME # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment, (See instructions.) Round all numbers to nearest dollar.

| B. Building Depreciation-Including Fixed Equipment. (See inst | 3           | 4            | 5            | 6         | 7              | 8            | 1 9            |    |
|---|-------------|--------------|--------------|-----------|----------------|--------------|----------------|----|
| 1   | Year        | 7            | Current Book | Life      | Straight Line  | 0            | Accumulated    |    |
| Improvement Type**  | Constructed | Cost         | Depreciation | in Years  | Depreciation   | Adjustments  | Depreciation   |    |
| 37 Security Alarm System                                      |             | \$ 15,826    | e            | III Tears | e Depreciation | Aujustinents | e Depreciation | 37 |
|   | 2002        | 22,435       | JP           |           |                | Þ            | Φ              |    |
| 38 Entry Doors  |             |              |              |           |                |              |                | 38 |
| 39 Circulating Pump   | 2002        | 4,322        |              |           |                |              |                | 39 |
| 40 North Corridor Paint                                       | 2002        | 5,643        |              |           |                |              |                | 40 |
| 41 Wallpaper  | 2002        | 12,945       |              |           |                |              |                | 41 |
| 42 Window Treatments  | 2002        | 12,508       |              |           |                |              |                | 42 |
| 43  |             |              |              |           |                |              |                | 43 |
| 44 Phone System   | 2003        | 13,908       |              |           |                |              |                | 44 |
| 45 North Wing Remodel   | 2003        | 888          |              |           |                |              |                | 45 |
| 46  |             |              |              |           |                |              |                | 46 |
| 47 Window Treatments  | 2004        | 7,600        |              |           |                |              |                | 47 |
| 48 North Wing Remodel Floor coverings                         | 2004        | 20,882       |              |           |                |              |                | 48 |
| 49 North Wing Remodel Painting                                | 2004        | 21,350       |              |           |                |              |                | 49 |
| 50 North Wing Remodel Fire Alarm                              | 2004        | 44,859       |              |           |                |              |                | 50 |
| 51 North Wing Remodel Doors and hardware                      | 2004        | 15,545       |              |           |                |              |                | 51 |
| 52 Water Heaters  | 2004        | 60,098       |              |           |                |              |                | 52 |
| 53  |             | ·            |              |           |                |              |                | 53 |
| 54 Boilers  | 2005        | 74,930       |              |           |                |              |                | 54 |
| 55 Asbestos Abatement   | 2005        | 2,200        |              |           |                |              |                | 55 |
| 56 Air conditioner  | 2005        | 14,800       |              |           |                |              |                | 56 |
| 57 PTAC Units   | 2005        | 76,040       |              |           |                |              |                | 57 |
| 58 Air Censor   | 2005        | 1,394        |              |           |                |              |                | 58 |
| 59  |             | ,            |              |           |                |              |                | 59 |
| 60  |             |              |              |           |                |              |                | 60 |
| 61  |             |              |              |           |                |              |                | 61 |
| 62  |             |              |              |           |                |              |                | 62 |
| 63  |             |              |              |           |                |              |                | 63 |
| 64  |             |              |              | t         |                |              |                | 64 |
| 65  |             |              |              | 1         | 1              |              |                | 65 |
| 66  |             |              |              | 1         | 1              |              |                | 66 |
| 67  |             |              |              | <b>†</b>  |                | <b>†</b>     |                | 67 |
| 68  |             |              |              | 1         |                |              |                | 68 |
| 69  |             |              |              | <b>†</b>  |                | <b>†</b>     |                | 69 |
| 70 TOTAL (lines 4 thru 69)                                    |             | \$ 3,823,785 | \$ 241,984   |           | \$ 241,984     | \$           | \$ 1,463,356   | 70 |

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS

0044024

Report Period Beginning:

10/01/04 Ending:

Page 12B 09/30/05

Facility Name & ID Number SAINT CLARE HOME # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| B. Building Depreciation-Including Fixed Equipment. ( | 3           | 4            | 5            | 6        | 7                | 8           | 1 9          | $\overline{}$ |
|---|-------------|--------------|--------------|----------|------------------|-------------|--------------|---------------|
| _   | Year        | -            | Current Book | Life     | Straight Line    |             | Accumulated  |               |
| Improvement Type**                                    | Constructed | Cost         | Depreciation | in Years | Depreciation     | Adjustments | Depreciation |               |
| 1 Totals from Page 12A, Carried Forward               |             | \$ 3,823,785 | \$ 241,984   |          | \$ 241,984       | \$          | \$ 1,463,356 | 1             |
| 2   |             | , ,          |              |          |                  |             | , ,          | 2             |
| 3   |             |              |              |          |                  |             |              | 3             |
| 4   |             |              |              |          |                  |             |              | 4             |
| 5   |             |              |              |          |                  |             |              | 5             |
| 6   |             |              |              |          |                  |             |              | 6             |
| 7   |             |              |              |          |                  |             |              | 7             |
| 8   |             |              |              |          |                  |             |              | 8             |
| 9   |             |              |              |          |                  |             |              | 9             |
| 10  |             |              |              |          |                  |             |              | 10            |
| 11  |             |              |              |          |                  |             |              | 11            |
| 12  |             |              |              |          |                  |             |              | 12            |
| 13  |             |              |              |          |                  |             |              | 13            |
| 14<br>15  |             |              |              |          |                  |             |              | 14<br>15      |
| 16  |             |              |              |          |                  |             |              | 16            |
| 17  |             |              |              |          |                  |             |              | 17            |
| 18  |             |              |              |          |                  |             |              | 18            |
| 19  |             |              |              |          |                  |             |              | 19            |
| 20  |             |              |              |          |                  |             |              | 20            |
| 21  |             |              |              |          |                  |             |              | 21            |
| 22  |             |              |              |          |                  |             |              | 22            |
| 23  |             |              |              |          |                  |             |              | 23            |
| 24  |             |              |              |          |                  |             |              | 24            |
| 25  |             |              |              |          |                  |             |              | 25            |
| 26  |             |              |              |          |                  |             |              | 26            |
| 27  |             |              |              |          |                  |             |              | 27            |
| 28  |             |              |              |          |                  |             |              | 28            |
| 29  |             |              |              |          |                  | ļ           |              | 29            |
| 30  |             |              |              |          |                  |             |              | 30            |
| 31 32   |             |              |              |          |                  |             |              | 31<br>32      |
| 33  |             |              |              |          |                  | ļ           | 1            | 33            |
| 34 TOTAL (lines 1 thru 33)                            |             | \$ 3,823,785 | \$ 241,984   |          | \$ 241,984       | 4           | \$ 1,463,356 | 34            |
| 34 101AL (mies 1 miu 33)                              |             | φ 3,043,705  | φ 441,704    |          | φ <u>441,704</u> | Ψ           | φ 1,405,550  | 34            |

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS

Facility Name & ID Number SAINT CLARE HOME XI. OWNERSHIP COSTS (continued)

# 0044024

Report Period Beginning:

10/01/04 Ending:

Page 12C 09/30/05

| 2  | B. Building Depreciation-Including Fixed Equipme | ent. (See instructions.) Roun | d all numbers to near | rest dollar.      |  |                   |             |                     |    |
|--|--|-------------------------------|-----------------------|-------------------|--|-------------------|-------------|---------------------|----|
| Improvement Type**   Constructed   Cost   Depreciation   in Years   Depreciation   Adjustments   Adjustments   Depreciation   Adjustments   Adjustments   Depreciation   Adjustments   Adjust | 1  | 3                             | 4                     |                   |  | 7                 | 8           |                     |    |
|  |  |                               |                       |                   | Life   | Straight Line     |             | Accumulated         |    |
|  |  | Constructed                   |                       |                   | in Years   |                   | Adjustments | Depreciation        |    |
| 3         4         4         4         4         4         4         5         5         5         5         5         6         7         8         8         8         8         8         8         8         8         8         8         8         9  | 1 Totals from Page 12B, Carried Forward          |                               | \$ 3,823,785          | <b>\$</b> 241,984 |  | <b>\$</b> 241,984 | \$          | <b>\$</b> 1,463,356 | 1  |
| 4         4         4         4         5         5         6         7         9  | 2  |                               |                       |                   |  |                   |             |                     | 2  |
| 5         6         6         6         6         6         6         6         6         7         7         7         7         7         8         8         8         8         8         8         8         8         8         9         9         9         9         9         9         9         9         9         9         9         9         10         10         10         11         11         11         11         11         11         11         11         11         11         11         11         11         11         11         11         12 <t< td=""><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>3</td></t<>   | 3  |                               |                       |                   |  |                   |             |                     | 3  |
| 6         7         7         7         7         8         8         8         8         8         8         8         8         9  | 4  |                               |                       |                   |  |                   |             |                     | 4  |
| 7         8         8         8         8         8         9         10         11         11         11         11         11         11         11         12         12         12         12         12         12         13         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         14         18         18         19         19         12         12  | 5  |                               |                       |                   |  |                   |             |                     | 5  |
| 8         9         10         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         10         10         11         12         12         12         13         13         13         13         13         13         14         14         14         14         14         14         14         14         14         14         14         15         15         15         15         15         15         15         16         16         16         16         16         17         17         18         18         18         18         18         18         18         18         19         19         19         19         19         19         19         19         10         12<  | 6  |                               |                       |                   |  |                   |             |                     | 6  |
| 9   9   9   9   9   9   9   9   9   9  | 7  |                               |                       |                   |  |                   |             |                     | 7  |
| 10         10           11         11           12         12           13         14           14         14           15         16           17         16           19         17           18         19           20         19           21         20           22         22           23         24           24         24           25         25           26         25           27         27           28         29           30         29           31         30           31         32           33         33  | 8  |                               |                       |                   |  |                   |             |                     | 8  |
| 11       12       13       14       13       13       14       14       14       14       15       16       15       15       16       15       16       16       17       17       16       17       17       18       18       18       18       18       19       19       19       19       19       19       19       19       19       19       19       19       19       19       19       19       19       10       19       19       10       19       19       10       19       10       19       10       19       10 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>   |  |                               |                       |                   |  |                   |             |                     |    |
| 12   13  | 10   |                               |                       |                   |  |                   |             |                     | 10 |
| 13         14       14         15       15         16       15         17       16         18       17         18       18         19       19         20       19         21       20         22       23         23       24         24       24         25       26         26       27         28       29         30       29         31       30         31       33         32       33   | 11   |                               |                       |                   |  |                   |             |                     |    |
| 14       15       14       15       16       16       16       16       17       17       17       18       17       17       18       19 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>   |  |                               |                       |                   |  |                   |             |                     |    |
| 15     16       17     18       18     19       20     19       21     22       23     24       25     26       27     28       29     20       30     27       28     29       30     30       31     33       32     33       33     33  |  |                               |                       |                   |  |                   |             |                     |    |
| 16       17       16       17         18       17       18       18         19       19       19       19         20       19       19       19         21       10       10       19         22       10       10       10       10         21       10  |  |                               |                       |                   |  |                   |             |                     |    |
| 17     18     18     18       19     19     19       20     19     20       21     20     21       22     23     23       24     24     24       25     26     27       28     28     28       30     28     29       30     31     30       31     31     31       32     33     33   |  |                               |                       |                   |  |                   |             |                     |    |
| 18       19         20       19         21       20         21       21         22       22         23       23         24       24         25       25         26       27         28       27         28       29         30       31         31       31         32       33         33       33  |  |                               |                       |                   |  |                   |             |                     |    |
| 19     19       20     20       21     20       22     21       23     24       24     25       26     26       27     26       28     29       30     28       29     30       31     31       32     33       33     33  |  |                               |                       |                   |  |                   |             |                     |    |
| 20     20       21     21       22     22       23     24       25     25       26     26       27     27       28     29       30     31       31     31       32     33       33     33  |  |                               |                       |                   |  |                   |             |                     |    |
| 21       22       23       24       25       26       27       28       29       30       31       32       33       31       32       33       33       33  |  |                               |                       |                   |  |                   |             |                     |    |
| 22       23       24       25       26       27       28       29       30       31       32       33       31       32       33       33       33       33       33       33       33       33       33       33       34       35       36       37       38       39       31       32       33       33  |  |                               |                       |                   |  |                   |             |                     |    |
| 23       24       25       26       27       28       29       30       31       32       33       33  |  |                               |                       |                   |  |                   |             |                     |    |
| 24       25       26       27       28       29       30       31       32       33       33       33  |  |                               |                       |                   |  |                   |             |                     |    |
| 25   |  |                               |                       |                   |  |                   |             |                     |    |
| 26       27       28       29       30       31       32       33       33       33       33       33  |  |                               |                       |                   |  |                   |             |                     |    |
| 27       28       29       30       31       32       33       34       35       36       37       38       39       31       32       33       33       33       33       33       33       34       35       36       37       38       39       31       32       33       34       35       36       37       38       39       31       32       33   |  |                               |                       |                   |  |                   |             |                     |    |
| 28     28       29     29       30     30       31     31       32     31       33     33       33     33  |  |                               |                       |                   |  |                   |             |                     |    |
| 29 30 30 31 31 32 33 33 3 3 3 3 3 3 3 3 3 3 3 3  |  |                               |                       |                   |  |                   |             |                     |    |
| 30 30 31 31 32 33 33 33 33 34 35 36 36 37 37 38 38 38 39 39 39 39 39 39 39 39 39 39 39 39 39   |  |                               |                       |                   | -  |                   |             |                     |    |
| 31<br>32<br>33<br>33   |  |                               |                       | 1                 | 1  |                   |             |                     |    |
| 32<br>33   |  |                               |                       | 1                 | 1  |                   |             |                     |    |
| 33   |  |                               | 1                     |                   | <del>                                     </del> |                   |             | <del> </del>        |    |
|  |  |                               | 1                     |                   | <del>                                     </del> |                   |             | <del> </del>        |    |
|  | 34 TOTAL (lines 1 thru 33)                       |                               | \$ 3,823,785          | \$ 241,984        |  | \$ 241,984        | \$          | \$ 1,463,356        | 34 |

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

| STATE | OF | ILI | IN | OIS |
|-------|----|-----|----|-----|
|       |    |     |    |     |

Page 13 09/30/05 Facility Name & ID Number SAINT CLARE HOME 0044024 **Report Period Beginning:** 10/01/04 **Ending:** 

#### XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

|    | Category of              | 1          | Current Book   | Straight Line  | 4           | Component | Accumulated    |    |
|----|--------------------------|------------|----------------|----------------|-------------|-----------|----------------|----|
|    | Equipment                | Cost       | Depreciation 2 | Depreciation 3 | Adjustments | Life 5    | Depreciation 6 |    |
| 71 | Purchased in Prior Years | \$ 536,443 | \$ 50,190      | \$ 50,190      | \$          |           | \$ 447,598     | 71 |
| 72 | Current Year Purchases   | 20,217     |                |                |             |           |                | 72 |
| 73 | Fully Depreciated Assets |            |                |                |             |           |                | 73 |
| 74 |                          |            |                |                |             |           |                | 74 |
| 75 | TOTALS                   | \$ 556,660 | \$ 50,190      | \$ 50,190      | \$          |           | \$ 447,598     | 75 |

D. Vehicle Depreciation (See instructions.)\*

|    | 1      | Model, Make | Year       | 4    | Current Book   | Straight Line  | 7           | Life in | Accumulated    |    |
|----|--------|-------------|------------|------|----------------|----------------|-------------|---------|----------------|----|
|    | Use    | and Year 2  | Acquired 3 | Cost | Depreciation 5 | Depreciation 6 | Adjustments | Years 8 | Depreciation 9 |    |
| 76 |        |             |            | \$   | \$             | \$             | \$          |         | \$             | 76 |
| 77 |        |             |            |      |                |                |             |         |                | 77 |
| 78 |        |             |            |      |                |                |             |         |                | 78 |
| 79 |        |             |            |      |                |                |             |         |                | 79 |
| 80 | TOTALS |             |            | \$   | \$             | \$             | \$          |         | \$             | 80 |

#### E. Summary of Care-Related Assets

81

Reference Amount Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) 4,604,445 81 (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable) **Current Book Depreciation** 292,174 82

82 **Straight Line Depreciation** (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable) 292,174 83 84 (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable) 84 Adjustments **Accumulated Depreciation** (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable) 1,910,954

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

|    | 1                           | 2    | Current Book   | Accumulated    |    |
|----|-----------------------------|------|----------------|----------------|----|
|    | Description & Year Acquired | Cost | Depreciation 3 | Depreciation 4 |    |
| 86 |                             | \$   | \$             | \$             | 86 |
| 87 |                             |      |                |                | 87 |
| 88 |                             |      |                |                | 88 |
| 89 |                             |      |                |                | 89 |
| 90 |                             |      |                |                | 90 |
| 91 | TOTALS                      | \$   | \$             | \$             | 91 |

**G.** Construction-in-Progress

|   | Description | Cost |    |
|---|-------------|------|----|
| 9 | 2           | \$   | 92 |
| 9 | 3           |      | 93 |
| 9 | 4           |      | 94 |
| 9 | 5           | \$   | 95 |

Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

This must agree with Schedule V line 30, column 8.

STATE OF ILLINOIS

Page 14

Facility Name & ID Number SAINT CLARE HOME 0044024 **Report Period Beginning:** 10/01/04 Ending: 09/30/05 XII. RENTAL COSTS A. Building and Fixed Equipment (See instructions.) 1. Name of Party Holding Lease: 2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. YES NO 4 2 3 5 Year Number Original Rental **Total Years Total Years** Constructed Lease Date of Lease Renewal Option\* of Beds Amount Original 10. Effective dates of current rental agreement: 3 Building: 3 4 4 Additions Ending 5 5 6 11. Rent to be paid in future years under the current 7 TOTAL 7 rental agreement: 8. List separately any amortization of lease expense included on page 4, line 34. Fiscal Year Ending **Annual Rent** This amount was calculated by dividing the total amount to be amortized by the length of the lease /2007 13. 9. Option to Buy: YES /2008 NO Terms: B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.) 15. Is Movable equipment rental included in building rental? YES 16. Rental Amount for movable equipment: \$ 12,425 **Description:** (Attach a schedule detailing the breakdown of movable equipment) C. Vehicle Rental (See instructions.) **Model Year Monthly Lease** Rental Expense for this Period \* If there is an option to buy the building, Use and Make **Payment** 17 17 please provide complete details on attached 18 18 schedule. 19 19 20 20 \*\* This amount plus any amortization of lease 21 TOTAL 21 expense must agree with page 4, line 34.

|           |   | _                      | S                  | TATE OF ILLI     | NOIS         |             |                  |                                       |                 |         | Page 15  |
|-----------|---|------------------------|--------------------|------------------|--------------|-------------|------------------|---------------------------------------|-----------------|---------|----------|
|           | Name & ID Number SAINT CLARE HOM  |                        |                    |                  | #            | 0044024     | Report Peri      | od Beginning:                         | 10/01/04        | Ending: | 09/30/05 |
| XIII. EXI | PENSES RELATING TO CERTIFIED NURSE AIDE   | (CNA) TRAINING         | PROGRAMS (See      | instructions.)   |              |             |                  |                                       |                 |         |          |
|           |   |                        |                    |                  |              |             |                  |                                       |                 |         |          |
| A. T      | TYPE OF TRAINING PROGRAM (If CNAs are train   | ed in another facility | program, attach a  | schedule listing | the facility | name, addro | ess and cost per | · CNA trained in                      | that facility.) |         |          |
|           | 1. HAVE YOU TRAINED CNAS  | YES 2.                 | . <u>CLASSROOM</u> | PORTION:         |              |             | 3.               | CLINICAL PO                           | RTION:          | _       |          |
|           | DURING THIS REPORT PERIOD?  | NO                     | IN-HOUSE PR        | OGRAM            |              |             |                  | IN-HOUSE PR                           | OGRAM           |         |          |
|           | If "weet" places complete the nemainder   |                        | IN OTHER FA        | CILITY           |              |             |                  | IN OTHER FA                           | CILITY          |         |          |
|           | If "yes", please complete the remainder<br>of this schedule. If "no", provide an<br>explanation as to why this training was |                        | COMMUNITY          | COLLEGE          |              |             |                  | HOURS PER C                           | CNA             |         |          |
|           | not necessary.  |                        | HOURS PER O        | CNA              |              |             |                  |                                       |                 |         |          |
| В. Е      | EXPENSES  | ALLOCATI               | ON OF COSTS        | (d)              |              |             | C. CO            | NTRACTUAL IN                          | NCOME           |         |          |
|           |   | 1                      | 2                  | 3                |              | 4           | _                | In the box below<br>facility received |                 |         | •        |
|           |   | Fa                     | cility             |                  |              |             |                  |                                       |                 | _       |          |
|           |   | Drop-outs              | Completed          | Contract         |              | Total       |                  | \$                                    |                 |         |          |
| 1         | Community College Tuition   | \$                     | \$                 | \$               | \$           |             |                  |                                       |                 |         |          |
| 2         | Books and Supplies  |                        |                    |                  |              |             | D. NU            | MBER OF CNAs                          | TRAINED         |         |          |
| 3         | Classroom Wages (a)   |                        |                    |                  |              |             |                  |                                       |                 |         |          |
| 4         | Clinical Wages (b)  |                        |                    |                  |              |             |                  | COMPLET                               |                 |         |          |
|           | In-House Trainer Wages (c)  |                        |                    |                  |              |             |                  | 1. From this fac                      |                 |         |          |
| 6         | Transportation  |                        |                    |                  |              |             |                  | 2. From other fa                      | acilities (f)   |         |          |
| _7        | Contractual Payments  |                        |                    |                  |              |             |                  | DROP-OU                               | ΓS              |         |          |
| 8         | CNA Competency Tests  |                        |                    |                  |              |             |                  | 1. From this fac                      | ility           |         |          |

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- $\left(c\right)$  For in-house training programs only. Do not include fringe benefits.

(e)

TOTALS

SUM OF line 9, col. 1 and 2

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

2. From other facilities (f)
TOTAL TRAINED

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

## XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

|    | (Control Services (Enter cost)         | 1             | 2         | 3    | 4        | 5               | 6           | 7              | 8                |    |
|----|--|---------------|-----------|------|----------|-----------------|-------------|----------------|------------------|----|
|    |  | Schedule V    | Staff     | Î    | Outsid   | le Practitioner | Supplies    |                |                  |    |
|    | Service                                | Line & Column | Units of  | Cost | (other t | han consultant) | (Actual or) | Total Units    | Total Cost       |    |
|    |  | Reference     | Service   |      | Units    | Cost            | Allocated)  | (Column 2 + 4) | (Col. 3 + 5 + 6) |    |
| 1  | <b>Licensed Occupational Therapist</b> |               | hrs       | \$   |          | \$ 191,688      | \$          |                | \$ 191,688       | 1  |
|    | Licensed Speech and Language           |               |           |      |          |                 |             |                |                  |    |
| 2  | Development Therapist                  |               | hrs       |      |          | 51,832          |             |                | 51,832           | 2  |
| 3  | <b>Licensed Recreational Therapist</b> |               | hrs       |      |          |                 |             |                |                  | 3  |
| 4  | Licensed Physical Therapist            |               | hrs       |      |          | 208,043         | 0           |                | 208,043          | 4  |
| 5  | Physician Care                         |               | visits    |      |          |                 |             |                |                  | 5  |
| 6  | Dental Care                            |               | visits    |      |          |                 |             |                |                  | 6  |
| 7  | Work Related Program                   |               | hrs       |      |          |                 |             |                |                  | 7  |
| 8  | Habilitation                           |               | hrs       |      |          |                 |             |                |                  | 8  |
|    |  |               | # of      |      |          |                 |             |                |                  |    |
| 9  | Pharmacy                               |               | prescrpts |      |          |                 | 150,203     |                | 150,203          | 9  |
|    | Psychological Services                 |               |           |      |          |                 |             |                |                  |    |
|    | (Evaluation and Diagnosis/             |               |           |      |          |                 |             |                |                  |    |
| 10 | Behavior Modification)                 |               | hrs       |      |          |                 |             |                |                  | 10 |
| 11 | Academic Education                     |               | hrs       |      |          |                 |             |                |                  | 11 |
| 12 | Exceptional Care Program               |               |           |      |          |                 |             |                |                  | 12 |
|    |  |               |           |      |          |                 |             |                |                  |    |
| 13 | Other (specify):                       |               |           |      |          | 35,843          |             |                | 35,843           | 13 |
|    |  |               |           |      |          |                 |             |                |                  |    |
|    |  |               |           |      |          |                 |             |                |                  |    |
| 14 | TOTAL                                  |               |           | \$   |          | \$ 487,406      | \$ 150,203  |                | \$ 637,609       | 14 |

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

As of 09/30/05

0044024

Report Period Beginning: 10/01/04 Ending: (last day of reporting year)

XV. BALANCE SHEET - Unrestricted Operating Fund.
This report must be completed even if financial statements are attached.

|    | This report must be completed even              | 1  | anciai statemei | 2 After        |    |
|----|---|----|-----------------|----------------|----|
|    |   | C  | perating        | Consolidation* |    |
|    | A. Current Assets                               |    |                 |                |    |
| 1  | Cash on Hand and in Banks                       | \$ | 622,768         | \$             | 1  |
| 2  | Cash-Patient Deposits                           |    | 4,480           |                | 2  |
|    | Accounts & Short-Term Notes Receivable-         |    |                 |                |    |
| 3  | Patients (less allowance )                      |    | 636,212         |                | 3  |
| 4  | Supply Inventory (priced at )                   |    |                 |                | 4  |
| 5  | Short-Term Investments                          |    |                 |                | 5  |
| 6  | Prepaid Insurance                               |    | 291,339         |                | 6  |
| 7  | Other Prepaid Expenses                          |    |                 |                | 7  |
| 8  | Accounts Receivable (owners or related parties) |    |                 |                | 8  |
| 9  | Other(specify):                                 |    |                 |                | 9  |
|    | TOTAL Current Assets                            |    |                 |                |    |
| 10 | (sum of lines 1 thru 9)                         | \$ | 1,554,799       | \$             | 10 |
|    | B. Long-Term Assets                             |    |                 |                |    |
| 11 | Long-Term Notes Receivable                      |    |                 |                | 11 |
| 12 | Long-Term Investments                           |    |                 |                | 12 |
| 13 | Land  |    | 224,000         |                | 13 |
| 14 | Buildings, at Historical Cost                   |    | 3,823,784       |                | 14 |
| 15 | Leasehold Improvements, at Historical Cost      |    |                 |                | 15 |
| 16 | Equipment, at Historical Cost                   |    | 556,660         |                | 16 |
| 17 | Accumulated Depreciation (book methods)         |    | (1,910,954)     |                | 17 |
| 18 | Deferred Charges                                |    |                 |                | 18 |
| 19 | Organization & Pre-Operating Costs              |    |                 |                | 19 |
|    | Accumulated Amortization -                      |    |                 |                |    |
| 20 | Organization & Pre-Operating Costs              |    |                 |                | 20 |
| 21 | Restricted Funds                                |    |                 |                | 21 |
| 22 | Other Long-Term Assets (specify):               |    |                 |                | 22 |
| 23 | Other(specify):                                 |    | ·               |                | 23 |
|    | TOTAL Long-Term Assets                          |    |                 |                |    |
| 24 | (sum of lines 11 thru 23)                       | \$ | 2,693,490       | \$             | 24 |
|    |   |    |                 |                |    |
|    | TOTAL ASSETS                                    | 1. |                 |                |    |
| 25 | (sum of lines 10 and 24)                        | \$ | 4,248,289       | \$             | 25 |

|    |   | 1  | perating  | 2 After<br>Consolidation* |    |
|----|---|----|-----------|---------------------------|----|
|    | C. Current Liabilities                                | U  | perating  | Consolidation             |    |
| 26 | Accounts Payable                                      | \$ | 145,664   | \$                        | 26 |
| 27 | Officer's Accounts Payable                            |    |           |                           | 27 |
| 28 | Accounts Payable-Patient Deposits                     |    | 4,480     |                           | 28 |
| 29 | Short-Term Notes Payable                              |    | ,         |                           | 29 |
| 30 | Accrued Salaries Payable                              |    | 168,252   |                           | 30 |
|    | Accrued Taxes Payable                                 |    |           |                           |    |
| 31 | (excluding real estate taxes)                         |    | 125       |                           | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)                   |    |           |                           | 32 |
| 33 | Accrued Interest Payable                              |    |           |                           | 33 |
| 34 | Deferred Compensation                                 |    |           |                           | 34 |
| 35 | Federal and State Income Taxes                        |    |           |                           | 35 |
|    | Other Current Liabilities(specify):                   |    |           |                           |    |
| 36 | Other   |    |           |                           | 36 |
| 37 |   |    |           |                           | 37 |
|    | TOTAL Current Liabilities                             |    |           |                           |    |
| 38 | (sum of lines 26 thru 37)                             | \$ | 318,521   | \$                        | 38 |
|    | D. Long-Term Liabilities                              |    |           |                           |    |
| 39 | Long-Term Notes Payable                               |    |           |                           | 39 |
| 40 | Mortgage Payable                                      |    |           |                           | 40 |
| 41 | Bonds Payable   |    |           |                           | 41 |
| 42 | Deferred Compensation                                 |    |           |                           | 42 |
|    | Other Long-Term Liabilities(specify):                 |    |           |                           |    |
| 43 |   |    |           |                           | 43 |
| 44 |   |    |           |                           | 44 |
|    | TOTAL Long-Term Liabilities                           |    |           |                           |    |
| 45 | (sum of lines 39 thru 44)                             | \$ |           | \$                        | 45 |
|    | TOTAL LIABILITIES                                     |    |           |                           |    |
| 46 | (sum of lines 38 and 45)                              | \$ | 318,521   | \$                        | 46 |
| 45 | TOTAL FOLLOW, 19 P. 24                                | ф  | 2 020 570 | ф                         | 45 |
| 47 | TOTAL EQUITY(page 18, line 24)                        | \$ | 3,929,768 | \$                        | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ | 4,248,289 | \$                        | 48 |
| 70 | (Sum of fines 40 and 47)                              | Ψ  | 7,270,209 | Ψ                         | 70 |

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<sup>\*(</sup>See instructions.)

0044024

Report Period Beginning: 10/01/04

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| IANGES IN EQUITY   |  |   |  |
|--|--|---|--|
|  |  | 1<br>Total  |  |
| Balance at Beginning of Year, as Previously Reported         | \$   | 3,907,378   | 1  |
| Restatements (describe):                                     |  |   | 2  |
|  |  |   | 3  |
|  |  |   | 4  |
| ·  |  |   | 5  |
| Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$   | 3,907,378   | 6  |
| A. Additions (deductions):                                   |  |   |  |
| NET Income (Loss) (from page 19, line 43)                    |  | 16,137  | 7  |
| Aquisitions of Pooled Companies                              |  |   | 8  |
| Proceeds from Sale of Stock                                  |  |   | 9  |
| Stock Options Exercised                                      |  |   | 10   |
| Contributions and Grants                                     |  |   | 11   |
| Expenditures for Specific Purposes                           |  |   | 12   |
|  | (  | )   | 13   |
| Donated Property, Plant, and Equipment                       |  |   | 14   |
| Other (describe) Transfer from OSF                           |  | 6,253   | 15   |
| Other (describe)   |  |   | 16   |
| TOTAL Additions (deductions) (sum of lines 7-16)             | \$   | 22,390  | 17   |
| B. Transfers (Itemize):                                      |  |   |  |
|  |  |   | 18   |
|  |  |   | 19   |
|  |  |   | 20   |
|  |  |   | 21   |
|  |  |   | 22   |
| TOTAL Transfers (sum of lines 18-22)                         | \$   |   | 23   |
| BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)            | \$   | 3,929,768   | 24   |
|  | Balance at Beginning of Year, as Previously Reported Restatements (describe):  Balance at Beginning of Year, as Restated (sum of lines 1-5) A. Additions (deductions): NET Income (Loss) (from page 19, line 43) Aquisitions of Pooled Companies Proceeds from Sale of Stock Stock Options Exercised Contributions and Grants Expenditures for Specific Purposes Dividends Paid or Other Distributions to Owners Donated Property, Plant, and Equipment Other (describe) Transfer from OSF Other (describe) TOTAL Additions (deductions) (sum of lines 7-16) B. Transfers (Itemize):  TOTAL Transfers (sum of lines 18-22) | Balance at Beginning of Year, as Previously Reported  Restatements (describe):  Balance at Beginning of Year, as Restated (sum of lines 1-5)  A. Additions (deductions):  NET Income (Loss) (from page 19, line 43)  Aquisitions of Pooled Companies  Proceeds from Sale of Stock  Stock Options Exercised  Contributions and Grants  Expenditures for Specific Purposes  Dividends Paid or Other Distributions to Owners  Other (describe)  Transfer from OSF  Other (describe)  TOTAL Additions (deductions) (sum of lines 7-16)  B. Transfers (Itemize):  TOTAL Transfers (sum of lines 18-22) | Balance at Beginning of Year, as Previously Reported  Restatements (describe):  Balance at Beginning of Year, as Restated (sum of lines 1-5)  A. Additions (deductions):  NET Income (Loss) (from page 19, line 43)  Aquisitions of Pooled Companies  Proceeds from Sale of Stock Stock Options Exercised Contributions and Grants  Expenditures for Specific Purposes Dividends Paid or Other Distributions to Owners  Other (describe)  Transfer from OSF  Other (describe)  TOTAL Additions (deductions) (sum of lines 7-16)  B. Transfers (Itemize):  TOTAL Transfers (sum of lines 18-22) |

<sup>\*</sup> This must agree with page 17, line 47.

**Report Period Beginning:** 

10/01/04

**Ending:** 

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XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached. Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

|     |  | 1               |     |
|-----|--|-----------------|-----|
|     | Revenue  | Amount          |     |
|     | A. Inpatient Care                                  |                 |     |
| 1   | Gross Revenue All Levels of Care                   | \$<br>4,829,790 | 1   |
| 2   | Discounts and Allowances for all Levels            | (1,534,300)     | 2   |
| 3   | SUBTOTAL Inpatient Care (line 1 minus line 2)      | \$<br>3,295,490 | 3   |
|     | B. Ancillary Revenue                               |                 |     |
| 4   | Day Care   |                 | 4   |
| 5   | Other Care for Outpatients                         |                 | 5   |
| 6   | Therapy  | 1,291,840       | 6   |
| 7   | Oxygen   |                 | 7   |
| 8   | SUBTOTAL Ancillary Revenue (lines 4 thru 7)        | \$<br>1,291,840 | 8   |
|     | C. Other Operating Revenue                         |                 |     |
| 9   | Payments for Education                             |                 | 9   |
| 10  | Other Government Grants                            |                 | 10  |
| 11  | CNA Training Reimbursements                        |                 | 11  |
| 12  | Gift and Coffee Shop                               | 1,124           | 12  |
| 13  | Barber and Beauty Care                             | 26,500          | 13  |
| 14  | Non-Patient Meals                                  |                 | 14  |
| 15  | Telephone, Television and Radio                    |                 | 15  |
| 16  | Rental of Facility Space                           |                 | 16  |
| 17  | Sale of Drugs                                      | 252,910         | 17  |
| 18  | Sale of Supplies to Non-Patients                   |                 | 18  |
| 19  | Laboratory   |                 | 19  |
| 20  | Radiology and X-Ray                                |                 | 20  |
| 21  | Other Medical Services                             | 826             | 21  |
| 22  | Laundry  |                 | 22  |
| 23  | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$<br>281,360   | 23  |
|     | D. Non-Operating Revenue                           |                 |     |
| 24  | Contributions                                      |                 | 24  |
| 25  | Interest and Other Investment Income***            | 26,186          | 25  |
| 26  | SUBTOTAL Non-Operating Revenue (lines 24 and 25)   | \$<br>26,186    | 26  |
|     | E. Other Revenue (specify):****                    |                 |     |
| 27  | Settlement Income (Insurance, Legal, Etc.)         |                 | 27  |
| 28  | Management Fees                                    | 28,800          | 28  |
| 28a |  | •               | 28a |
| 29  | SUBTOTAL Other Revenue (lines 27, 28 and 28a)      | \$<br>28,800    | 29  |
| 30  | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)   | \$<br>4,923,676 | 30  |

|    |   |    | 2         |    |
|----|---|----|-----------|----|
|    | Expenses  |    | Amount    |    |
|    | A. Operating Expenses                                   |    |           |    |
| 31 | General Services  |    | 854,328   | 31 |
| 32 | Health Care   |    | 2,322,441 | 32 |
| 33 | General Administration                                  |    | 1,401,870 | 33 |
|    | B. Capital Expense                                      |    |           |    |
| 34 | Ownership   |    | 307,301   | 34 |
|    | C. Ancillary Expense                                    |    |           |    |
| 35 | Special Cost Centers                                    |    | 22,908    | 35 |
| 36 | Provider Participation Fee                              |    |           | 36 |
|    | D. Other Expenses (specify):                            |    |           |    |
| 37 |   |    | (1,309)   | 37 |
| 38 |   |    |           | 38 |
| 39 |   |    |           | 39 |
|    |   |    |           |    |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)*               | \$ | 4,907,539 | 40 |
|    |   |    |           |    |
| 41 | Income before Income Taxes (line 30 minus line 40)**    |    | 16,137    | 41 |
|    |   |    |           |    |
| 42 | Income Taxes  |    |           | 42 |
| 42 | NET INCOME ON LOSS FOR THE VEAR (L. 41                  | ф  | 17.125    | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ | 16,137    | 43 |

| *  | This must agree with p                  | age 4, line 45, column 4.   |
|----|---|---|
| ** | Does this agree with tax<br>Tax Return? | xable income (loss) per Federal Income<br>If not, please attach a reconciliation. |

See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

<sup>\*\*\*\*</sup>Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number SAINT CLARE HOME

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

| (This schedule must cover the entire | reporting period.) |   |  |
|--------------------------------------|--------------------|---|--|
|                                      | 1 2**              | 3 |  |

|    |                               | 1         | 2**       | 3                | 4        |    |
|----|-------------------------------|-----------|-----------|------------------|----------|----|
|    |                               | # of Hrs. | # of Hrs. | Reporting Period | Average  |    |
|    |                               | Actually  | Paid and  | Total Salaries,  | Hourly   |    |
|    |                               | Worked    | Accrued   | Wages            | Wage     |    |
| 1  | Director of Nursing           | 1,943     | 2,135     | \$ 57,565        | \$ 26.96 | 1  |
| 2  | Assistant Director of Nursing | 1,944     | 2,140     | 48,411           | 22.62    | 2  |
| 3  | Registered Nurses             | 4,855     | 5,153     | 118,291          | 22.96    | 3  |
| 4  | Licensed Practical Nurses     | 19,513    | 21,689    | 403,538          | 18.61    | 4  |
| 5  | CNAs & Orderlies              | 55,532    | 61,876    | 657,263          | 10.62    | 5  |
| 6  | CNA Trainees                  |           |           | 0                |          | 6  |
| 7  | Licensed Therapist            |           |           |                  |          | 7  |
| 8  | Rehab/Therapy Aides           | 920       | 976       | 46,171           | 47.31    | 8  |
| 9  | Activity Director             |           |           |                  |          | 9  |
|    | Activity Assistants           | 4,989     | 5,533     | 54,645           | 9.88     | 10 |
| 11 | Social Service Workers        | 2,045     | 2,051     | 24,949           | 12.16    | 11 |
| 12 | Dietician                     |           |           |                  |          | 12 |
| 13 | Food Service Supervisor       |           |           |                  |          | 13 |
| 14 | Head Cook                     |           |           |                  |          | 14 |
| 15 | Cook Helpers/Assistants       | 20,231    | 22,551    | 249,797          | 11.08    | 15 |
| 16 | Dishwashers                   |           |           |                  |          | 16 |
| 17 | Maintenance Workers           | 4,000     | 4,309     | 66,946           | 15.54    | 17 |
| 18 | Housekeepers                  | 11,094    | 11,949    | 104,827          | 8.77     | 18 |
|    | Laundry                       | 3,717     | 4,259     | 41,312           | 9.70     | 19 |
| 20 | Administrator                 | 1,960     | 2,080     | 65,957           | 31.71    | 20 |
| 21 | Assistant Administrator       |           |           |                  |          | 21 |
| 22 | Other Administrative          |           |           |                  |          | 22 |
| 23 | Office Manager                |           |           |                  |          | 23 |
| 24 | Clerical                      | 12,291    | 13,516    | 207,827          | 15.38    | 24 |
| 25 | Vocational Instruction        |           |           |                  |          | 25 |
| 26 | Academic Instruction          |           |           |                  |          | 26 |
| 27 | Medical Director              |           |           |                  |          | 27 |
| 28 | Qualified MR Prof. (QMRP)     |           |           |                  |          | 28 |
| 29 | Resident Services Coordinator |           |           |                  |          | 29 |
| 30 | Habilitation Aides (DD Homes) |           |           |                  |          | 30 |
| 31 | Medical Records               |           |           |                  |          | 31 |
| 32 | Other Health Care(specify)    |           |           |                  |          | 32 |
|    | Other(specify) Beautician     |           |           | 0                |          | 33 |
| 34 | TOTAL (lines 1 - 33)          | 145,034   | 160,217   | \$ 2,147,499 *   | \$ 13.40 | 34 |

<sup>\*</sup> This total must agree with page 4, column 1, line 45.

## B. CONSULTANT SERVICES

|    |                                 | 1       | 2                | 3          |    |
|----|---------------------------------|---------|------------------|------------|----|
|    |                                 | Number  | Total Consultant | Schedule V |    |
|    |                                 | of Hrs. | Cost for         | Line &     |    |
|    |                                 | Paid &  | Reporting        | Column     |    |
|    |                                 | Accrued | Period           | Reference  |    |
| 35 | Dietary Consultant              |         | \$ 0             |            | 35 |
| 36 | Medical Director                |         | 3,600            |            | 36 |
| 37 | Medical Records Consultant      |         | 1,600            |            | 37 |
| 38 | Nurse Consultant                |         |                  |            | 38 |
| 39 | Pharmacist Consultant           |         | 600              |            | 39 |
| 40 | Physical Therapy Consultant     |         |                  |            | 40 |
| 41 | Occupational Therapy Consultant |         |                  |            | 41 |
| 42 | Respiratory Therapy Consultant  |         |                  |            | 42 |
| 43 | Speech Therapy Consultant       |         |                  |            | 43 |
| 44 | Activity Consultant             |         |                  |            | 44 |
| 45 | Social Service Consultant       |         | 864              |            | 45 |
| 46 | Other(specify)                  |         |                  |            | 46 |
| 47 |                                 |         |                  |            | 47 |
| 48 |                                 |         |                  |            | 48 |
| 49 | TOTAL (lines 35 - 48)           |         | \$ 6,664         |            | 49 |

## C. CONTRACT NURSES

|    |                                  | 1       | 2          | 3          |    |
|----|----------------------------------|---------|------------|------------|----|
|    |                                  | Number  |            | Schedule V |    |
|    |                                  | of Hrs. | Total      | Line &     |    |
|    |                                  | Paid &  | Contract   | Column     |    |
|    |                                  | Accrued | Wages      | Reference  |    |
| 50 | Registered Nurses                | 341     | \$ 10,233  |            | 50 |
| 51 | Licensed Practical Nurses        | 2,285   | 57,135     |            | 51 |
| 52 | Certified Nurse Assistants/Aides | 3,621   | 72,415     |            | 52 |
|    |                                  |         |            |            |    |
| 53 | TOTAL (lines 50 - 52)            | 6,247   | \$ 139,783 |            | 53 |
|    | •                                | -       | -          | •          |    |

<sup>\*\*</sup> See instructions.

| STATE OF ILLINOIS |  |
|-------------------|--|
|-------------------|--|

|                                      |                                       |             |            |         | STATE O  | F ILLINOIS    |      |                    |  |   | Pag            | ge 21    |
|--------------------------------------|---------------------------------------|-------------|------------|---------|--|---------------|------|--------------------|--|---|----------------|----------|
| acility Name & ID Number             | SAINT CLARE H                         | OME         |            |         | # 0044024                                      | _             | Repo | ort Period Begi    | inning:  | 10/01/04                                | Ending:        | 09/30/05 |
| XIX. SUPPORT SCHEDULES               |                                       |             |            |         | ID E 1 D # 1D                                  | 11 70         |      |                    | IEB E  | 0.1.1.1                                 | 10 0           |          |
| A. Administrative Salaries           | T                                     | Ownership   | )          | A       | D. Employee Benefits and Payr                  |               |      | <b>A</b>           | F. Dues, F                                       | ees, Subscriptions a                    | nd Promotions  |          |
| Name                                 | Function                              | %           | ф          | Amount  | Descriptio<br>Workers' Compensation Insura     |               | ф    | Amount             | IDPH Lice  | Description                             | ф              | Amount   |
| Dennis Grobe                         |                                       |             | <b>Þ</b> _ | 65,957  |  |               | ъ_   | 133,657            |  | ense ree<br>g: Employee Recrui          | <u> </u>       | 10.70    |
|                                      |                                       |             | _          |         | Unemployment Compensation I<br>FICA Taxes      | insurance     |      | (7,830)<br>164,284 |  | g: Employee Recrui<br>re Worker Backgro |                | 19,73    |
|                                      |                                       |             | _          |         | Employee Health Insurance                      |               |      | 225,588            |  | fe worker backgro<br>of checks performe |                | 71       |
|                                      | <del>-</del>                          |             | _          |         | Employee Health Histirance Employee Meals      |               | -    | 223,300            | ,  | fice Allocation                         | , and a second | / 1      |
|                                      | _                                     | · ——        | _          |         | Illinois Municipal Retirement F                | and (IMDE)*   | -    |                    |  | al Advertising                          |                | 11,59    |
|                                      | <del>-</del>                          |             | _          |         | Employee Hepatitis Vaccine                     | unu (nvikr)"  | -    | 0                  | Public Rela                                      |   |                | 19,17    |
| TOTAL (agree to Schedule V, li       | ino 17 aol 1)                         |             | _          |         | Employee Hepatitis vaccine Employee Benefits - |               | -    | 119,863            |  | ubscriptions                            |                | 7,20     |
| (List each licensed administrato     | , ,                                   |             | ¢          | 65,957  | Employee Benefits - central office             | 20            | -    | 119,003            | License and                                      |   |                | 1,69     |
| B. Administrative - Other            | i separately.)                        |             | Ψ_         | 03,737  | Employee Benefits - Central office             | i.e           | -    |                    | License and                                      | i rees                                  |                | 1,05     |
| b. Aummistrative - Other             |                                       |             |            |         |  |               |      |                    | Less Pul   | olic Relations Expen                    | 920            | (19,17   |
| Description                          |                                       |             |            | Amount  |  |               |      |                    |  | -allowable advertisi                    |                | (17,17   |
| Description                          |                                       |             | ¢          | Amount  |  |               | -    |                    |  | ow page advertising                     | `              | (11,59   |
|                                      |                                       |             | Ψ_         |         |  |               | -    |                    | 1 (11  | ow page auverusing                      | <u> </u>       | (11,5)   |
|                                      |                                       |             | _          |         | TOTAL (agree to Schedule V,                    |               | \$   | 635,562            |  | TOTAL (agree to                         | Sch V \$       | 29,34    |
|                                      |                                       |             | _          |         | line 22, col.8)                                |               | Ψ=   | 000,002            |  | line 20, co                             | ,              | 27,0     |
| TOTAL (agree to Schedule V, li       | ine 17. col. 3)                       |             | \$         |         | E. Schedule of Non-Cash Comp                   | ensation Paid |      |                    | G. Schedu  | le of Travel and Sen                    |                |          |
| (Attach a copy of any managem        | , ,                                   | nt)         | Ψ=         |         | to Owners or Employees                         |               |      |                    | O' Selleuu                                       | 01 114,01 4114 501                      |                |          |
| C. Professional Services             | ent ser vice agreeme                  | 11)         |            |         | to owners or Employees                         |               |      |                    |  | Description                             |                | Amount   |
| Vendor/Payee                         | Type                                  |             |            | Amount  | Description                                    | Line#         |      | Amount             |  | Description                             |                | imount   |
| Heritage Enterprises                 | Mgt Fee                               |             | \$         | 218,369 | Description                                    | Line "        | \$   | Amount             | Out-of-Sta                                       | te Travel                               | \$             |          |
| OSF Health System                    | Mgt Fee                               |             | Ψ_         | 23,268  |  |               | Ψ_   |                    | Out-or-Sta                                       | iic Traver                              | Ψ              |          |
| OSF Health System                    | audit                                 |             | _          | 5,000   |  |               |      |                    |  | _                                       |                |          |
| OSI Iteatin System                   | audit                                 |             | _          | 3,000   |  |               |      |                    | In-State T                                       | ravel                                   |                |          |
|                                      | _                                     |             | _          |         |  |               | -    |                    | III-State 1                                      | lavci                                   |                | 5,98     |
|                                      | _                                     |             | _          |         |  |               | -    |                    |  |   |                | 3,70     |
|                                      | _                                     |             | _          |         |  | _             | -    |                    |  | _                                       |                |          |
|                                      | _                                     |             | _          |         |  |               | -    |                    | Seminar E  | vnense                                  |                | 4,92     |
|                                      | _                                     |             | _          |         |  |               | -    |                    | Schinal E  | ареняс                                  |                | (8,91    |
|                                      | _                                     |             | _          | 0       |  |               | -    |                    |  |   |                | (0,9)    |
| LegalAdjusted to Zero                | _                                     |             | _          | 4.010   |  |               |      |                    | <del>                                     </del> | _                                       |                |          |
| Legar-Aujusteu to Zero               | _                                     |             | _          | 0       |  |               |      |                    | Entertein  | nent Expense                            |                |          |
| TOTAL (agree to Schedule V, li       | ine 19. column 3)                     |             | _          |         | TOTAL  |               | \$   |                    | Litter tallil                                    | (agree to Sch                           | . V.           |          |
| (If total legal fees exceed \$2500 s | · · · · · · · · · · · · · · · · · · · | ec)         | •          | 250,647 |  |               | Ψ=   |                    | TOTAL  | line 24, col.                           | /              | 1,99     |
| ii totai legai ices exceed \$2500    | attach copy of myor                   | · · · · · · | Ψ          | 450,047 | * Attach copy of IMRF notificat                |               |      |                    | **See instr                                      | ,                                       | <i>0)</i>      | 1,77     |

| STATE | OF | ILI | IN | OIS |
|-------|----|-----|----|-----|
|       |    |     |    |     |

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XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

|    | (See instructions.) |              |            |        | `      |        | ,      |           |              |                |        |        |        |
|----|---------------------|--------------|------------|--------|--------|--------|--------|-----------|--------------|----------------|--------|--------|--------|
|    | 1                   | 2            | 3          | 4      | 5      | 6      | 7      | 8         | 9            | 10             | 11     | 12     | 13     |
|    |                     | Month & Year |            |        |        |        |        | Amount of | Expense Amor | tized Per Year |        |        |        |
|    | Improvement         | Improvement  | Total Cost | Useful |        |        |        |           |              |                |        |        |        |
|    | Type                | Was Made     |            | Life   | FY2002 | FY2003 | FY2004 | FY2005    | FY2006       | FY2007         | FY2008 | FY2009 | FY2010 |
| 1  |                     |              | \$         |        | \$     | \$     | \$     | \$        | \$           | \$             | \$     | \$     | \$     |
| 2  |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 3  |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 4  |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 5  |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 6  |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 7  |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 8  |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 9  |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 10 |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 11 |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 12 |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 13 |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 14 |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 15 |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 16 |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 17 | ·                   |              |            |        |        |        |        |           |              |                |        |        |        |
| 18 |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 19 |                     |              |            |        |        |        |        |           |              |                |        |        |        |
| 20 | TOTALS              |              | \$         |        | \$     | \$     | \$     | \$        | \$           | \$             | \$     | \$     | \$     |

| Facilit | y Name & ID Number SAINT CLARE HOME  | STATE ( | OF ILLINOIS<br>0044024                             | Report Period Beginning:  | 10/01/04                                 | Ending:                        | Page 23<br>09/30/05 |
|---------|--|---------|--|---|--|--------------------------------|---------------------|
|         | ENERAL INFORMATION:  |         |  | -   |  |                                | ,                   |
|         | Are nursing employees (RN,LPN,NA) represented by a union?  | (13)    |  | upplies and services which are of th<br>addition to the daily rate, been prop   |  | be billed to                   |                     |
| (2)     | Are there any dues to nursing home associations included on the cost report?  If YES, give association name and amount.  Illinois Healthcare Association   |         | •  | ction of Schedule V? yes  | _  |                                |                     |
| (3)     | Did the nursing home make political contributions or payments to a political action organization?  yes  If YES, have these costs been properly adjusted out of the cost report?  yes   | (14)    | the patient census l                               | ouilding used for any function other isted on page 2, Section B? yes utilding used for rental, a pharmacy, aplains how all related costs were all | day care, etc.)                          | For example<br>) If YES, attac | e,                  |
| (4)     | Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity?  | (15)    | Indicate the cost of on Schedule V. related costs? |   | ssified to employmeal income the amount. | been offset ag                 | ainst               |
| (5)     | Have you properly capitalized all major repairs and equipment purchases?  What was the average life used for new equipment added during this period?  yes  7 years   | (16)    | Travel and Transpo                                 | ortation ncluded for out-of-state travel?   | no                                       |                                |                     |
| (6)     | Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,000 Line 10  |         | If YES, attach a                                   | complete explanation.  Eparate contract with the Departmen  | t to provide m                           |                                |                     |
| (7)     | Have all costs reported on this form been determined using accounting procedures consistent with prior reports? If NO, attach a complete explanation.  |         | program during c. What percent of                  | this reporting period. \$ all travel expense relates to transporting logs been maintained? yes  |  |                                |                     |
| (8)     | Are you presently operating under a sale and leaseback arrangement?  If YES, give effective date of lease.   |         | e. Are all vehicles s<br>times when not i          | stored at the nursing home during th  | _  |                                |                     |
| (9)     | Are you presently operating under a sublease agreement? YES xx NC  | )       | out of the cost re                                 |   | _  |                                | no                  |
| (10)    | Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO xx If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over. | у,      | Indicate the a                                     | mount of income earned from partial during this reporting period.   | providing suc                            | sh<br>\$                       |                     |
|         |  | (17)    | Firm Name:   | performed by an independent certific  | •  | The instruct                   | tions for the       |
| (11)    | Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 51,465  This amount is to be recorded on line 42 of Schedule V.   |         |  | that a copy of this audit be included  No If no, please explain.  | with the cost r                          | eport. Has thi                 | s copy              |
| (12)    | Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? If YES, attach an explanation of the allocation.  | , ,     | out of Schedule V?                                 |   |  | ·                              |                     |
|         | <del></del>  | (19)    | performed been att                                 | re in excess of \$2500, have legal invaled to this cost report?  defined a summary of services for all architecture.                              |  | •                              | ices                |

|                   |   | os 0                       | indep deligation<br>implied law of the              | Contribution Contri | Marine |   |  |  |                 |
|-------------------|---|----------------------------|---|---------------------|--------|---|--|--|-----------------|
| Name of Street    | MICH CASE   | Balance C<br>623,748       | inging time of the                                  |                     | -      | 1,000                                   | LOW PRITY CA. 450,748  |  |                 |
| =                 | ACCOUNT MOTORIAL  | 6620                       |   |                     |        | Œ.                                      | CHI ALLOW TOR CHICAGOTTERS   |  |                 |
| 105               | PARTON AND RECEIVED   |                            |   |                     |        | 100                                     | COLYGORISMON NY<br>COLYGORISMON NO   |  |                 |
| 100               | ACCURATE MUSICIPAL E  |                            |   |                     |        | 100                                     | LISTA SERVICE AND THE LIST CO. |  |                 |
| 100               | ACCUSE OF METERS  |                            |   |                     |        | 32                                      | LIN COME PERSON CONTROL  |  |                 |
| 100               | OTHER PROPERTY OFFICERS   | 261,106                    |   |                     |        | 12                                      | LOCATION CONTROL CONTR |  |                 |
| 150               | ENG STOCKED BY  | 234,000                    |   |                     |        | 120                                     | CANADONE DICAGO  |  |                 |
| 100               | ACCUMULATION A SQUARE ASSESSMENT OF THE PARTY OF THE PART  | 447,666<br>10421,764       |   |                     |        | 100                                     | Line account Autorit   |  |                 |
| 100               | MUSEUM PENDS  | -1,463,164<br>A,480        |   |                     |        | 120                                     | LAS CONCERN TO SEE   |  |                 |
| ine<br>ics        | MEAN DESCRIPTION SHOWN  |                            |   |                     |        | 200                                     | Spirit according to July 100<br>Spirit Books (Spirit Add.)   |  |                 |
| 300               | ACCUSATE PAYMEN   | 110,000                    |   |                     |        | 32                                      | 2 MARIE CALABOG BOOKES   |  |                 |
| 200<br>200        | ACCRETO ACRES DATE  | -34/52<br>-124/50          |   |                     |        | 100                                     | LINEACORED JOSES<br>LINEAC DAMESTACIONES   |  |                 |
| 100<br>100<br>100 | PEA TAX PAYABLE<br>PET PAYABLE  | .106                       | -106  |                     |        | 2.18<br>2.18<br>2.18                    | LINESCA WITTER PARKET  |  |                 |
| 316<br>316        | EARLY ROUSE CHEST   |                            |   |                     |        | 2,100<br>2,200                          | 2,317 BORGERS COMP ACCRESS.<br>2,317 EMPLOYEES PROSEAUCH BEFORD  |  |                 |
| 110               | PAYROLL CAVIDION<br>BANKS AND ADDRESS   |                            |   |                     |        | Lame Lame Lame Lame Lame Lame Lame Lame | SIGN CRAFT AND PROPERTY OF THE |  |                 |
| 3346<br>3346      | CHEST NAME OF TAXABLE   |                            |   |                     |        | 3386<br>3386                            | Distriction  |  |                 |
| 330<br>330        | WASH CARRESTONED IN MARKET STATES OF THE PARTIES OF T  |                            |   |                     |        | 100                                     | 2,00 ACCRESO 0<br>2,00 PA. PACKE 0   |  |                 |
| 210<br>210        | SACRET OF RECEIVED  | ٠:                         |   |                     |        | 2,366<br>2,365                          | Distriction of the second  |  |                 |
| 236<br>236        | MEAN DESCRIPTION PROVIDED ACCORDING TO STATE OF   | - 1                        |   |                     |        | 2,60                                    | THE PERSON TWO   |  |                 |
| 200               | TOLINGS FIND  |                            |   |                     |        | 100                                     | DOLLMARK 6   |  |                 |
| 294<br>340        | CLEMENT FOR THE A MINE<br>CLEMENT FOR THE A MINE  |                            |   |                     |        | 2,885<br>2,786                          | A THE REPORT OF THE PARTY AND  |  |                 |
| 352<br>360        | NUMBER OF THE SECOND  | 4,000                      |   |                     |        |   |  |  |                 |
| 346               | CURRENT FORTROCK TORRY  |                            |   |                     |        |   |  |  |                 |
| 25e<br>25e        | COMMONSTOCK<br>BETARRESTANDENCE   | 304001                     |   |                     |        |   |  |  |                 |
| 300               | PATRICT DAYS PRIVATE  | 11,000                     |   |                     |        |   | -  | Led Pulled I<br>Led Pulled I<br>Led Pulled I   | 555             |
| Sect 2<br>Sect 4  | PATRICT DAYS MEDICARE<br>PATRICT DAYS CONTRIBUTE  | 3,480                      |   |                     |        |   | inc.   | Lat Hollow's   | -               |
| =1                | PATRICT DAYS TO DAY.  |                            |   |                     |        |   | last<br>last   |  |                 |
| 300               | I BASE CHARGE PA  | 1,00,000                   |   | - 1                 | - 1    |   | See<br>See   | LOSS BARRES CON<br>LOSS BARRES CON   | 1,000           |
| =                 | CONTROL STREET  |                            |   |                     |        |   | 100  | O  |                 |
| =                 | HEAVY MERCHANISMS   |                            |   | - :                 | - 1    |   | San San  | Long Margaret  | and the         |
| Name<br>Name      | NAMES OF STREET   | .718,700                   | :   | 100                 | - 1    |   | 100  | Local Marketon<br>Local Marketon   |                 |
| had<br>had        | I MINUSE STREET MEDIT A<br>I MINUSE STREET MEDIT A<br>ITOMOGRA  | 20.00                      |   | 1. 1                | - 1    |   | Sand<br>Sand   | Line DELICATION AND ADDRESS OF THE PERSON ADDRESS OF THE PER | Garage<br>Aller |
| 100               | CONTRACTOR OF THE PERSON OF TH  | 1,011,000                  | - 1   | - 1                 | - 1    |   | Same<br>Same   | COMPRESSOR AL  | (80)            |
| 100               | CPEMERCARIPMENT A<br>CPEMERCARIPMENT  |                            |   | - 1                 |        |   | SAID<br>SAID<br>SAID   | LIST PRIVATE ALL LIST CONTROLS   | (STA)           |
| 100<br>100        | PERSONAL AND ADDRESS OF THE PARTY NAMED IN COLUMN 2 IN  |                            | - 1   |                     | - 1    |   | 1000<br>1000   | CHARGE   | (IMA.)          |
| 100               | CONTROLL MANAGE   |                            |   |                     |        |   | 100<br>100   | LOCATOT DE   |                 |
| 140               | CONTROL PARTY<br>DPAGEOGRAPH  | 1,034,000                  | - 1   | - 1                 | - 1    |   | Sales<br>Sales   | Las Pulches  | 20              |
| 140               | A MARKATAN PART B DISCOUNTS<br>THE RESIDENCE THAT REPORTS<br>IN ADDRESS OF THE PARTY  |                            |   | - 1                 |        |   | 500<br>500<br>500  | COMMISSION   | 609             |
| 100<br>100        | CHATY SOP   | 44                         |   | 1 1                 | - 1    |   | Marie<br>Marie   | LOD MEATTY &   | 943             |
| 100<br>100        | O TERRESON PROCESS AND THE SECOND PROCESS AND  | 1100                       |   | - 1                 |        |   | Sine<br>Sine   | Line SUCPLED   |                 |
| 104               | I ROUSENT BLOOD STATES  | -1001                      |   | - 1                 | - 1    |   | ALTER<br>ALTER   | A TO MEND OF   | 200.7<br>6509   |
| 7                 | COURSE & SCHOOL SALES   | 200,700<br>60,607          | 365,607 35<br>46,607 17                             |                     |        |   | 411E   | AUG GRAPPIN  | 100             |
| 400 ACT           | DATATION OF THE CORN  | 171,863                    | 43K/80 20   | -1-1                |        |   | 4/06   |  |                 |
| 100               | DATA CONTRACTOR OF THE  |                            | - 1   | 1 1                 |        |   | 400<br>400   | ADDITION OF A PERSON NAMED IN  | 1               |
| DO DE             | DESCRIPTION OF THE PERSON OF T  | 13,386<br>23,784           | 13,386 21<br>25,786 21                              |                     |        |   | 200<br>400   | ACT TRANSPORT  | 7               |
| 42K               | TRANSPORT & STREET, OWNER SHARE,<br>GROUNDAY, TRANSPORT,<br>GROUNDAY, TRANSPOR  | (a)                        | 100 III   | 1 8                 | - 17   |   | 200  | Con-constant   | - 6             |
| Dist.             | MERCOTO A STATUS  | A 466<br>94,767            | 111,014 20  | 1 1                 | -      | 6,46                                    | 20m  | OWNERS OF  | 100             |
| 200<br>200        | PUBLIC BELLETIES<br>LATERATURE  | 0.00                       | - 5   | - 1 8               | 20,00  |   | 12   | A THE SACROSS A  |                 |
| 410<br>410        | CONTRACTIONS<br>PROFESSIONAL PRINT  | - 12                       | 20 E  | - 1 - 8             | 4      |   | A100<br>A100   | A TOP PROPERTY   | 3               |
| 230<br>230        | CHARACTER STORY   | 1,400                      | 100   | 1 1                 |        |   | ANG  | A NO MEDICAL   | - 8             |
| 490               | NEED AL SECONDO CONTEXT<br>PROBLECTO FIELD  | 1,000                      |   | 1 :                 |        |   | 4044<br>4000   | A DISTRIBUTED OF   | å               |
| 470<br>430        | PURETAL PURE  | 4,760                      | mm 2  | -1-2                | -176   |   | A100<br>A100   | A REPUBBLIC  |                 |
| 100               | PATRICIA TARRE  | 101,600                    | - 2   | -1-1                |        |   | 400  | A SECTION ASSESSMENT   | - 40            |
| 100               | CROST-POSTBACKET  | 23 C Oak<br>4 C Oak        | 40,000 DE   | 1 :                 |        |   | 400  | PRE-ACEDRAL<br>PRE-ACEDRAL   | 150             |
| 100               | TORRAGO OTRES<br>COSTAL OFFICE SEE  | 111,677                    | - 1   | -1-3                |        |   | 100  | AND DESCRIPTION  | 24,6            |
| 400               | LOST TOTAL BENEFITS   | 24/462                     | 20  | 1.5                 | Jane 1 |   | 40   | Can two man  | -               |
| 250               | MALESTATI TARRELLEASE LEASE OF THE PROPERTY.  |                            | 10.0 E  | -1-2                |        |   | 100<br>100   | A DECEMBER TO SERVICE AND ADDRESS OF THE SERVICE |                 |
| 100               | MACHINE STATES AND  | 3.00                       | HARRY E   |                     |        |   | 100<br>100   | ARCHITATES   |                 |
| 100               | MATERIAL CAN<br>MATERIAL DESIGN CO.   | Clear<br>Clear             | 1   |                     | - 1    |   | G10<br>G20   | Consulction<br>Consulction   | 1               |
| 100               | TRANSCOLUCTION<br>PROPERTY PLANT METALORIE  | Line<br>Albert             | 24,000 E  | - 1 - 1             |        |   | 60   | COLVERNA.  | - 6             |
| 545               | SECTION OF STREET   | 36,136                     | :   |                     |        |   | 0 to  | CONTRACTOR<br>CONTRACTOR   |                 |
| COD<br>COD        | DETABLISHED AND<br>DESKTOR  | 14,162                     | -   |                     |        |   | Gall<br>Gall   | CHEMICAN I   | ini<br>28,6     |
| Ga<br>Ga          | CHARLES AND ADDRESS   | 4,780                      | 1030 I  | 1 1                 |        |   | 60a<br>60a   | CONTRACTOR OF THE  | -               |
| GH.               | MEAT CROSS STATES   | 11,000                     |   |                     |        |   | De 626   | CHEROLOGY  | 10              |
| Cite<br>Cite      | LANGEY BOX & YAC<br>LANGEY BOX ACTION OF  | 3,568<br>3,607             | H200 1  |                     |        |   | Sia<br>Sia   | Che Lubiney  |                 |
| Cho<br>Cho        | LICHORY MINISTERNO<br>LICHORY STRUKE  | 1,690                      | 1   | 1 1                 | - 1    |   | Cine   | CHARLACE   | - 3             |
| 100               | DOCUMENTO CONTRACTOR  | 5,000<br>3,000             | 100   |                     |        |   | Come<br>Come   | Car more and   | - 6             |
| =                 | SALESCON MICH. SEC. NO. 100 CO. 100 CO  | HAR                        | CHICAN IN   |                     |        |   | Com<br>Com   | Care STREET,   | - 5             |
| =                 | DOCUMENT OF THE PARTY OF T   | 61,648<br>44,661           | - 1   |                     |        |   | ans<br>ans   | CONTRACTOR OF THE PARTY OF THE  | 100             |
| 122               | LPC WASHINGTON  | The risk                   | - 1   |                     |        |   | 600<br>600   | CONTRACT   | 75.5            |
| =                 | LPS WACH STORM<br>LPS WACH TACKNESS<br>ADD WACH MEDICAL   | 14,61                      | - 1   | 1 1                 |        |   | 638<br>638   | COLUMN TO<br>COLUMN TO<br>COLUMN TO  | 863             |
| -                 | MANUFACTURES  | neCas                      | - 8   |                     |        |   | 22   | CHI COURSE   | 704             |
| GE<br>GE          | CONTRACT SERVICES<br>CONTRACT SERVICES  | 61,000<br>14,013<br>67,416 | - :   |                     |        |   | 200<br>200<br>200  |  |                 |
| 86                | CONTRACT STREET, ARREST<br>STREET AND TRACKING WANTED   | Ties                       | - 1   | 11                  | - 1    |   | 62%<br>62%   | CTOMESON<br>CTOMESON   | 3               |
| -                 | VARIABLE TRANSPORTER  | 4,60                       | 1 1   |                     |        |   | 500  | CHARLES  | - 25            |
| 500               | NAMES OF STREET   | 70,60                      | 120,000 10  |                     |        |   | 10m<br>10m   | 130 0000000  | -               |
| 636<br>636<br>646 | NUMBER OFFICE<br>STRAINS OFFI<br>NUMBER OFFI<br>STRAINS OFFI<br>STRAI | 110                        | 10 10<br>10 10<br>10 10                             |                     |        |   | 100  | THE KANY SE  | 200             |
| 7360<br>7364      | DESCRIPTION OF THE PROPERTY OF  | 100,000                    | 1800  | 4                   | -      |   | Tria<br>Tria   | Seattle  | 100             |
| 740<br>740        | BOME HEALTH COLUMN<br>BOME HEALTH COLUMN  | A(A63                      |   | - 1                 |        |   | 100<br>100<br>100  | GOLDEN STATE   | 200             |
| 760<br>760        | ACTIVITIES NAMED AND ADDRESS OF THE PARTY OF  | 61,662<br>3,667            | tuet ii   |                     |        |   | 17to<br>17to   | 170 SIGNA SI<br>170 SIGNA SI   | 1               |
| 786<br>786        | ACTIVITIES STATES   | 1,760                      | 100   |                     | - 1    |   | 17e<br>17e   | University of  | ***             |
| Ē                 | PERSONAL VALUE OF THE PERSON NAMED IN COLUMN 1  | 200,007                    | - 5   |                     | -      |   |  |  |                 |
| The<br>The        | NOTES BEING BOLLEYS:  | 21,148<br>1,800            | 34/40 12<br>12                                      |                     |        |   | 600<br>600   |  |                 |
| 150<br>750<br>770 | AND SERVICES  | 291,686<br>211,686         | - 1   |                     | - 1-   |   | 63 to 100 | CO-SERVICE<br>STREET   | 203             |
| 776<br>766        | MACROAN WACES   | 60,60                      | - 1   1   |                     | - 1    |   | 100  | CO MICHIEL<br>Market   | 200             |
| 2                 | MACROACHIE<br>MACROACHIE<br>MACRO GROUNES   | 33,466<br>0                | 11/40A 20   |                     |        |   |  |  | -               |
| 22                | TOU COME STREET   |                            | - 1   |                     |        |   |  | _  | _               |
| 100               | NOT THE REAL PROPERTY.  |                            |   | 14                  | - 1    |   |  |  |                 |
|                   | LOADING MANETONION<br>DESIGNATION OF  | ALUM<br>ALUM               |   |                     | - 1    | 4,70                                    |  |  |                 |
| 100               | NECTOR OFFICERS PROMI   | 7,200                      |   | -: 1                |        |   |  |  |                 |
| CRASS TOTAL       |   | 3600                       | 25,84   |                     | asan.  |   |  |  |                 |
|                   | PACKETY SAME  | - ATTROOP                  | -   |                     |        |   |  |  |                 |
|                   | receive-  |                            |   |                     |        |   |  |  |                 |
|                   | PACKETY CHES  | -                          |   |                     |        |   |  |  |                 |
|                   |   | muii                       |   |                     |        |   |  |  |                 |
|                   |   | es <sub>pe</sub>           | Mile Chill  | is .                |        |   |  |  |                 |
|                   | TOTAL   | 17,161<br>1,680            | 880 AP CENS<br>11 AND<br>17 AND<br>18 AND<br>18 AND |                     |        |   |  |  |                 |
|                   | PARTHUMAN<br>PRESIDENT  |                            | 4,00  |                     |        |   |  |  |                 |
|                   | an-contrast   | 110                        |   |                     |        |   |  |  |                 |